CHARDSON POR	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE U 6 5 5 5 CONTROL CERTIFICATE OF DEATH REG. NO.							
9		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
		MAE	T	ABBOTT	- 03	25 84 6:161				
B . (#1)	3. SE	(	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		MONTHS DAYS HOURS MIN.				
E ( 10 )		FEMALE	WHITE	MAY 8, 1900	83 YRS.	OFFICE				
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5 13		BALTIMORE	LIE NOT IN SUCH EACHITY CIVE STOR	ET ADDRESS) HOPKINS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT HOMEMAKER	12b. KIND OF BUSINESS OR INDUSTRY				
一事。35		AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 136. CITY OR TO BALTIM	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2710 ASHLAND					
7 300		THER'S NAME FIRST	MIDDLE LAST DRYDE	15. MOTHER'S MAIDEN NA N FILOREN	ME MIDDLE	CARMEAN				
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AS NON	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
CLIAN: CLIAN: 3 physic certificat iol-fron mool Hy em 18 ii	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM TB P.	ART I OR PART 2)				
G PHYS G PHYS Offending er this ond Me	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
REI ATTENDIN hospital or RECTOR: Afr ed for use o pt of Health		saw the deceased alive of	pital) attended the deceased from 19 not) view the body after death.		death occurred on the date and hou	19 9 4 , that (1) (we) last and from the causes stated				
by the hose by the hose by the hose by the hose beloched Stote Depth and I them		22d PHYSICIAN'S NAME (TYPI	J. Runge	A A A ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/25/84				
TO HOSPITAL retoiged by the should be declared with the Store		RUA	V 6 E	Johns	Hopkins Hospit	int.				
BP		BURIAL, CREMATION, REMOVA BURIAL	3/29/84	NAME OF CEMETERY OF CREMATORY  BALTIMORE NATION						
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 F	"SCHIMUNEK F	UNERAL HOME	INC.	TE REC'D. BY REGISTRAR 251, REGIST ARE 27 1984	BAR'S SIGNATURE				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

(VRA 15, 4)

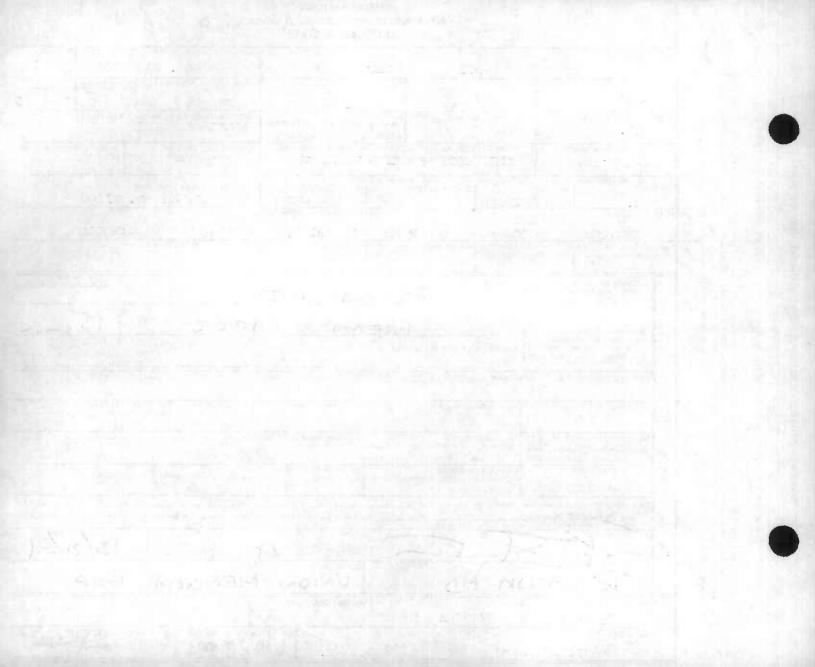
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(6)	FOR 1 - STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE () 6 5 /	0
(B)	REGISTRAR		LAST LAST	REG. NO.	DAY YEAR 125 HOLLP
ν±	I. DECEASED NAME FIRST (TYPE OR PRINT)  BABY	BOY	ACKERMAN	20. DATE OF DEATH MONTH  MAR. 21	1004 20
λου od .	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
ge 4 n	MALE	WHITE	MONTH DAY YEAR 3 21 84	NB yrs.	0 0 0 15
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o beautiful and the second	BALTIMORE		RSING HOME OR OTHER INSTITUTION EMORIAL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII	12b. KIND OF BUSINESS OR INDUSTRY
24 hour	MD . IF NURSING HOM			S? 13e.STREET ADDRESS / ZIP CODE 604 MCHENRY RD	
ad within	II. FATHER'S NAME FIRST  KENNETH	MICHAEL ACK	15. MOTHER'S MAIDER FIRST  ERMAN  DEBRA	NAME MIDDLE LYNN	INGLIS
Pages 1 o	160 WAS DECEASED EVER IN U.S.		SECURITY NO. 17. INFORMANT	ADDRESS	,
ficate be physician papers. ent, the	18. CAUSE OF DEATH (Enter	only one couse per line for (a), (b	O and (C.) TREMATURI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of a straight of the law requires that the death certificate be executed within 24 hours of the object of the conficulation of completely Illing in the office this certificate has been signed by the ottending physician and completely Illing in the office this certificate has been signed by the ottending physician and completely Illing in the office burial-transit permit. Then please remove carbonpapers. Pages, and 2 should be filled and Mental Hygiene prior to burial, cremation, or remayol.  Only the property of the please remove carbonpapers. Pages, and 2 should be filled and mental 8 shows any injury, or other traumofice event, the medical examine		DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  IT CONDITIONS CONTRIBUTING	PREMAT.	TERMINAL DISEASE OR CONDITION GIV	15
he law re on. has been t permit. I ene prior	NO LATE OF OPERATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
IYSICIAN: The le ding physicion. is certificate has burial-transit per Mental Hygiese or frem 18 shows.		DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART TOR PART 2)
ING PHYSIC r attending witer this cer as the burion th and Ment	OR CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND piral or TTOR: A for use of Heal	220.1 certify that (I) (this had the decented in the observed	ospital) attended the deceased from  an  not) were the body after death.	ond that in (my) (our) opi	, to, inion death occurred on the date and hou	19, that (I) (we) last or and from the causes stated
PITAL OR AT' by the hospi ERAL DIRECT State Dept. a ANT: if item 2	Symi	SPI	DEGREE ATTENDIN PHYSICIA	MEDICAL STAFF	3/21/94
TO MOSPITAL retained by the TO FUNERAL should be detining the State with the State MAPORTANT:		ciski MD		MEMORIAL	HOUP.
BP	230. BURIAL, CREMATION, REMOVING SPECIFY)  Remova 1	7AL 23b. DATE 3/22/84	23c NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Anatomy	/ Board	ECC .	MAR 23 1984	BAR'S SIGNATURE



## 1 DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH (TYPE OR PRINT) BABY MAR. BOY ACKERMAN 4. RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH DAY YEAR MALE WHITE 21 84 TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY MD. USA WIDOWED [ DIVORCED BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE THE UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BALTIMORE MD. NO ST 604 MCHENRY RD. 21208 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE KENNETH MICHAEL ACKERMAN DEBRA LYNN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS TYPE NO OR LINKNOWN FIF YES, GIVE WAR OR DATEST 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), ) PART I. DEATH WAS CAUSED BY REMATURITY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF LABOR PREMATURE Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS LISED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 386 SIGNATURE DEGREE MEDICAL STAFF \* ATTENDING DIRECTOR | PHYSICIAN PHYSICIAN 22e. ADDRESS ld b MEMORIAL UNION 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 3/22/84 Remova 1

ADDRESS

Balto., Md.

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

NAME

Anatomy Board

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DAY

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YEAR

1984

DAYS

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250. DATE REC'D. BY REGISTRARIAS REGISTRAR'S SIGNATURE

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126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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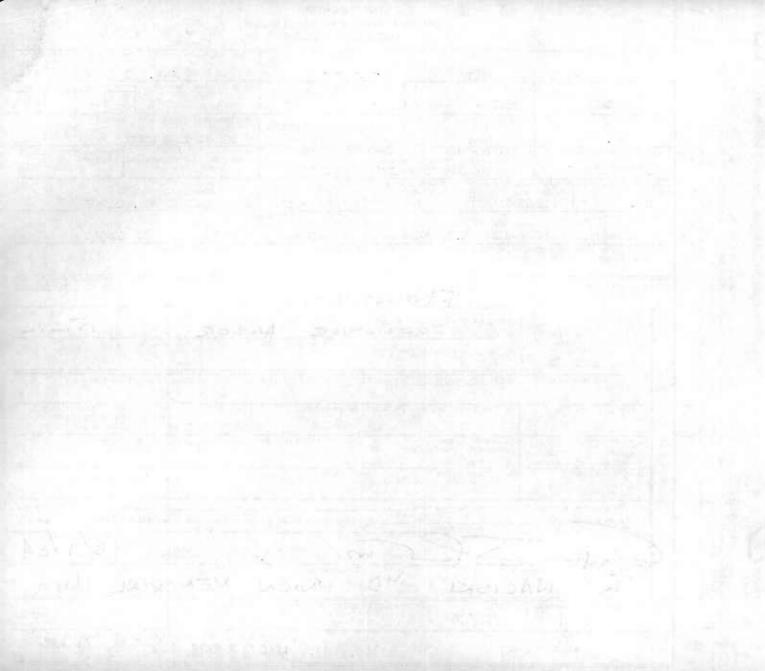
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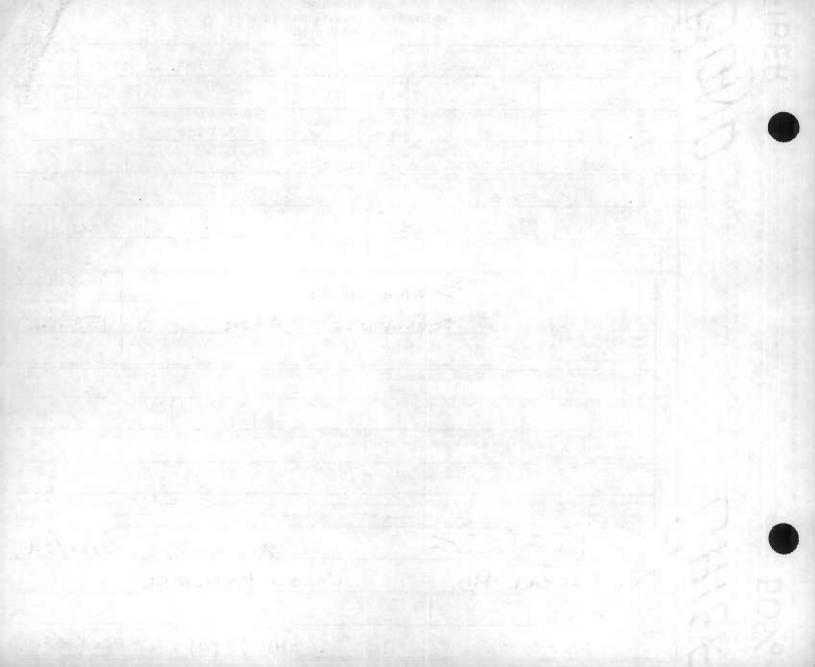
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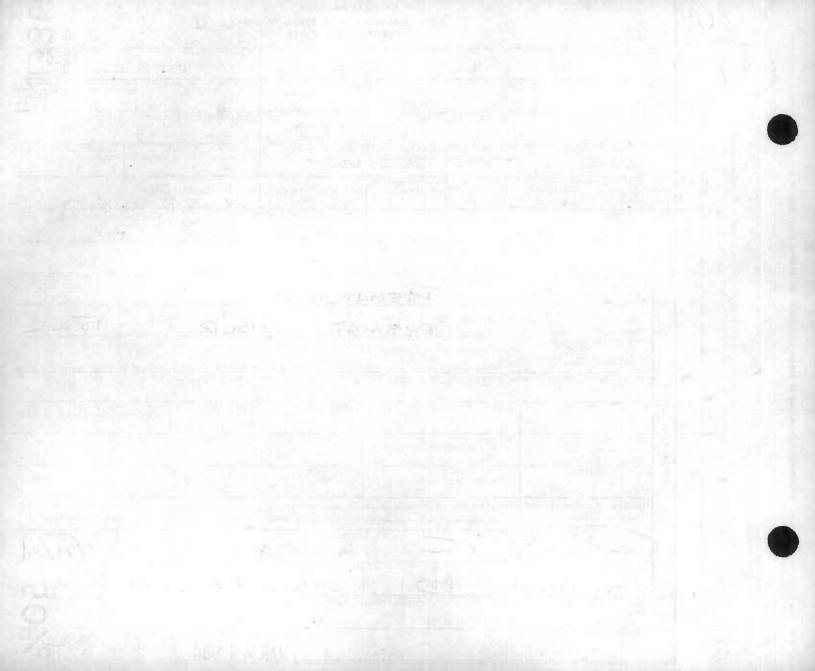
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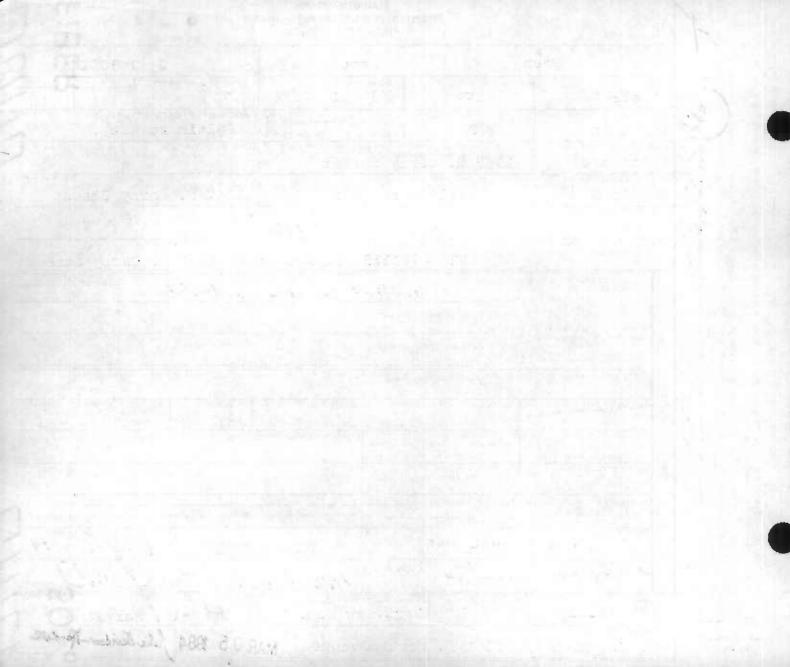
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(A)	FOR	DCD 4	STATE OF MARYLAND	veitur () &	7 4
	1 - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
( 2 B 2 )	(TYPE OR PRINT) BABY	GIRL	ACKERMAN	MAR.	21 1984 8 <sup>20</sup> a M
	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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8 1 T	MD.  IN CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NUI	WIDOWED DIVORCED [ RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
# 13 #4	BALTIMORE	THE SUCHION M	EMORTAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORK	NG LIFE) INDUSTRY
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he death certificate be executed within 24 hours he attending physician and completely falled in serve carbon poper. Page 1 and 2 locald be fill motion, at removal.	17/	BALTIMORE	YES NO	604 MCHENRY	
10 02/	4. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN I	NAME	ŁAST
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die die	(YES, NO OR UNKNOWN)   1   FYES	ARMED FORCES? 16b. SOCIAL S GIVE WAR OR DATES)	ECURITY NO. 17. INFORMANT	ADDICESS	
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	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF		
se that the by the please runial, cre	underlying cause last	(c)			
a signe Then pl to buri	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
2 2 2 2 7	190 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED
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G PHYSICIAN: ottending physics this certifical she buriol-tronon and Mental Hysiked or Item 18	OR CONTRIBUTING CAUSE OF CAUSE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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the harmonic of the particle of the Depth of	Steen	11-	ATTENDING PHYSICIAN	MEDICAL STAFF	3/21/4
HOSPITAL bined by it FUNERAL buld be det th the State	22L PHYSICIAN'S NAME (1	YPE OR PRINT)	22e ADDRESS		11
TO HOSPITAL of retained by the TO FUNERAL Is should be deto with the State [IMPORTANT]. If	14° 19V	iciski Mi	UNIUL	J MEMORI	AL HOSP.
of of the M	238. BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP	Removal	3/22/84		DATE DECID BY DECICEDADAY OF	COSTRADO CICALATOR
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	ADDR	ESS	DATE REC'D. BY REGISTRARISS RI	Davidson-Randell
(VRA 15, 4)	Anaton	ıv Board	Balto. Md. IM	AK 4 3 1904 /100	



A	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE () O	0.		
		CEASED NAME FIRST	eg.		Acree	3 1 1984			
1	Male		A. RACE Negro		OF BIRTH	6. AGE (IN YEARS LAST BIR		I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	
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		Jim	WIDDLE	Acree Sallie					
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any injury, or other troumatic event, th	z	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUENCE OF	OT NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART Ira	
grows and	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?	
Item 18 st		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.	JURY MONTH DAY YEA 14		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	RT 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN	NJURY . ACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUN	STATE	
TANT: If Hem 21 is m		22a.1 certify that (1) (this haspital) attended the deceased fram							
IMPORTANT: I		270 PHYSICIAN'S NAME (TYPE C	OR PRINT) /a	mer Evan	120 ADDRESS MO	medical sta director physic		0	
VI .		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/7/84		CEMETÉRY OR CREMATORY iew Mem. Pk	- BC WE			
A 4/B3		uneral director n. C. March F	У/Н 1101	E. North	Avenue M	AR 0 5 1984	25 GREGISTE R'S SIG	Andell Mandell	



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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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/.)	1.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
_		CEASED NAME FIRST	WIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR	
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5 97/	l '	Russia	USA	WIDOWE	The second secon	Baltimor	e City	MD	
1 5/11	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME		12a. USUAL OCCUPATI		OF BUSINESS OR	
1 1///	1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Long Green Nursing Center			Teacher-	Private S	chool	
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用层	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA				
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o bu	Z	PART Z OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	110	
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Der n	문					YES NOK	IN CERTIFYING CAUS	SES OF DEATH?	
and 4	1 2	21g. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY		21¢ HOW INJURY OCCURI				
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Vent	2	(IF EITHER NOTIFY MEDICAL EXAMIN		19	211 LOCATION			_	
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be detach		224. PHYSICIAN'S NAME (19PE	J Jolfre	no	22e ADDRESS			126/84	
ould be detach th the State De PORTANT: If He		22d PHYSICIAN'S NAME (19PE	/	M.D.	PHYSICIAN 22e ADDRESS	DIRECTOR   PHYSK		126/89	
should be detach		274 PHYSICIAN'S NAME (19PE  Dr. William  BURIAL, CREMATION, REMOVA	G. Helfrich,	M.D.  23(. NAME OF C	PHYSICIAN	DIRECTOR PHYSIC	Balto,	126/84	
IO FUNERAL DIR should be detach with the State Deg IMPORTANT: If He		Dr. William BURIAL, CREMATION, REMOVA SSECIETY	G. Helfrich,	23c NAME OF C	27e ADDRESS  5006 Roland EMETERY OR CREMATORY  Mount	DIRECTOR PHYSIC	CIAN O	AD STATE	

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DHMH - 16 50M 4/83 (VRA 15, 4)

York Road

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

## STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENT AP UVCIENC

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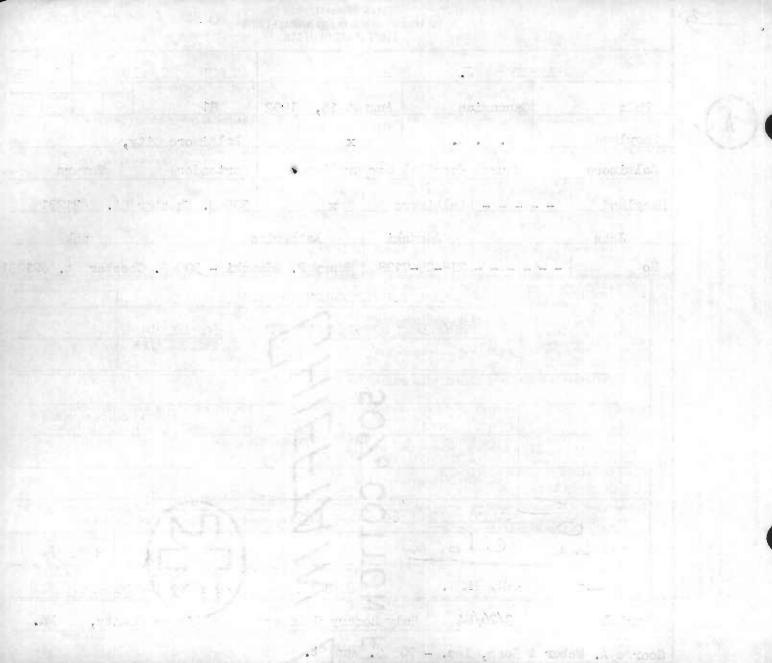
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5 Me	oryland	NG HOME OR OTHER INSTITUTION 13b. COUNTY	13t. CITY OR TOW Baltime	N	13d INSIDE CITY LIMITS? YES NO [	13. STREET ADDRESS /	ZIP CODE prinell Stre	et 2122
0	William	WIDDIE	Le Bru	n	15. MOTHER'S MAIDEN NA	ME		LAST
	WAS DECEASED EVER 1	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)		168	17 INFORMANT William M. A	Adams Sr. 33		USt.
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-0	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	YES NOW	YES T	NO [
(# EITHER NOTIFY MEDICAL EXAMINER)  21e. PLACE OF INJURY  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION  STREET  CITY OR 1  31 work  12 to critisy that (1) (the hospital) attended the diseased arm  13 to detained drive or object, (1) (we I didd) add not view the Body unter death.								, that (1) the
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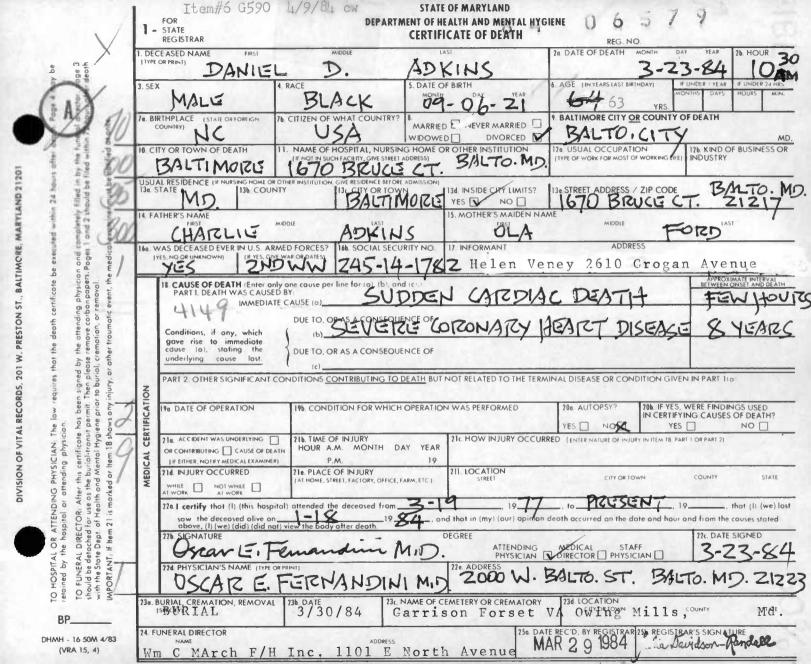
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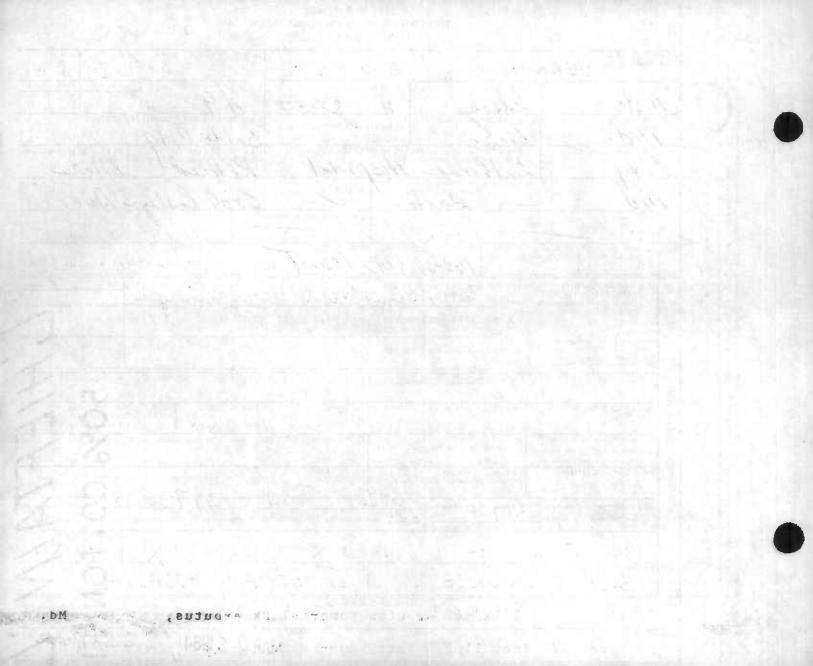
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0 3	PAGE E		altimore	11. NAME OF HÖSPITÄL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Provident Hospital		124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY	
21201	ANY DE	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	13d. INSIDE CHY LIMITS?	13e, STREET ADDRESS COLOS	2/325d	
WD	EST CALL	14. F/	THER'S NAME BOOKER	Adaer Adaer	15. MOTHER'S MAIDEN		Ludd	
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ITAL R	Oロデザカボ/	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		20 AUTOPSY?  YES NO	
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•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SIS BALTIMORE, MANYLAND,			of the remoins described above, held an all causes 3, Accident , Suic	Autopsy X, Inspection cide , Homicide ,  TITLE (SPECIFY)  ASSISTANT	Undetermined monner ,		
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DIVISION OF VITAL RECORDS

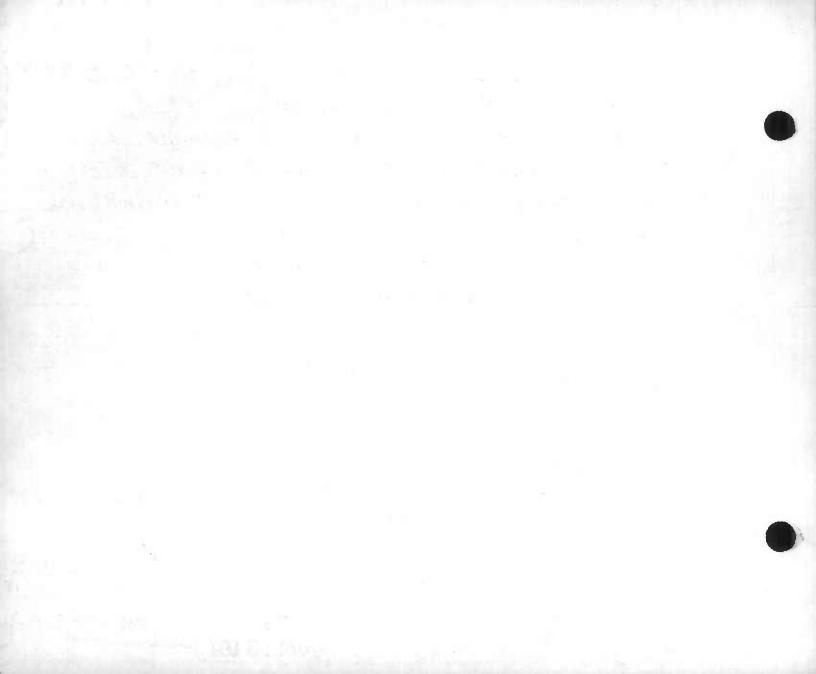
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

{VRA 15, 4}



FOR - STATE REGISTRAR

RELEASED AS

DHMH - 16 50M 4/83

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

06582

N	19	REGISTRAR		CERTIFICATE OF DEATH REG. NO.										
1		CEASED NAME	FIRST GEOR		R.		ANDER	-	MARCH		1984	YEAR	26 HOUR 8:57	7A M
	1 SEX	Male		4 RACE	.ack	5. DATE O		YEAR 1928	6. AGE (IN YEARS	LAST BIRTHDAY		INDER I YEAR	HOURS M	irs un,
2	C	RTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF	VHAT COUNTR	Y? 8. MARRIEI WIDOWE		MARRIED .	9 BALTI		CITY			MD,
2	BA	TY OR TOWN OF DEA	, and	JOHNS	HOPKT	EET ADDRESS)			120 USUAL OCC (TYPE OF WORK FOR Steel W	MOST OF WO	RKING LIFE)	INDUSTRIB	ethleh Compa	em
20	13a. S	AL RESIDENCE (IF NURS STATE Maryland	13b COUN	OTHER INSTITUTION,	13c. CITY OR TO Baltin	NWC	YES 🏋	CITY LIMITS?	13e.STREET ADD Baltimo			912 E 1213	• Fede	ra S
Ž		THER'S NAME FIRST George	R	ussell	Anderso		Maro	r's MAIDEN NA FIRST	MI	DDLE		Night	ingale	
63		VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GIV	re war or dates)  orean	166 SOCIAL SE	CURITY NO.	17 INFORM	a M. An		Balti		Md.	deral 21213 MATE INTERVAL ONSET AND DEA	
00		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  CARDIO PULMONART ARREST  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  UNDERTO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										12 12 2-	16 181 3 dA	42
	CERTIFICATION	19a. DATE OF OPERATION 19b. COND			TION FOR WHI	FOR WHICH OPERATION WAS PERFORMED  Y			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO YES NO YES			S OF DEATH?		
1	MEDICAL CER	21a, ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MED  21d. INJURY OCCUR WHITE NOT WAT WORK AT WORK	CAUSE OF DE.	P./	M. MONTH M.	19	21c. HOW 21f. LOCAT	NJURY OCCUR		OF INJURY IN	ITEM TB PART	OR PART 2)	STATI	E
		220.1 certify that a	ithis hosp		16 19	77.01			deoth occurred or		6 , 19		that (I) (we) couses stated SIGNED	-
	Ð	22d. PHYSICHANS N			22e. ADDR	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR D		1.1	MACU	CH 16,11	184		
	(	BURIAL, CREMATION (SPECIFY)  Buria	1	3/22/1	.984	Garri Veter	son Fo	RCREMATORY	23d. LOCATIO	OWN	altim	OUNTY	State	nd
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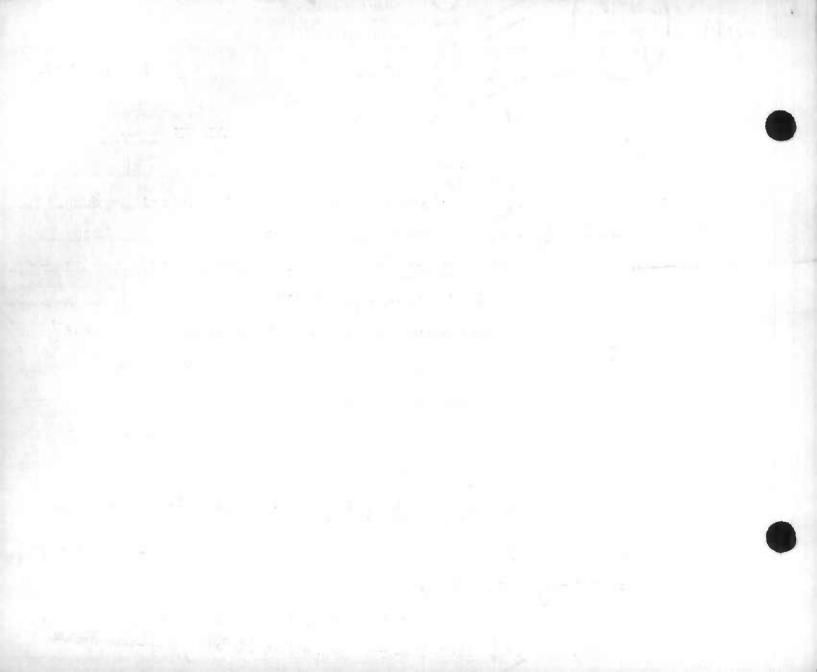
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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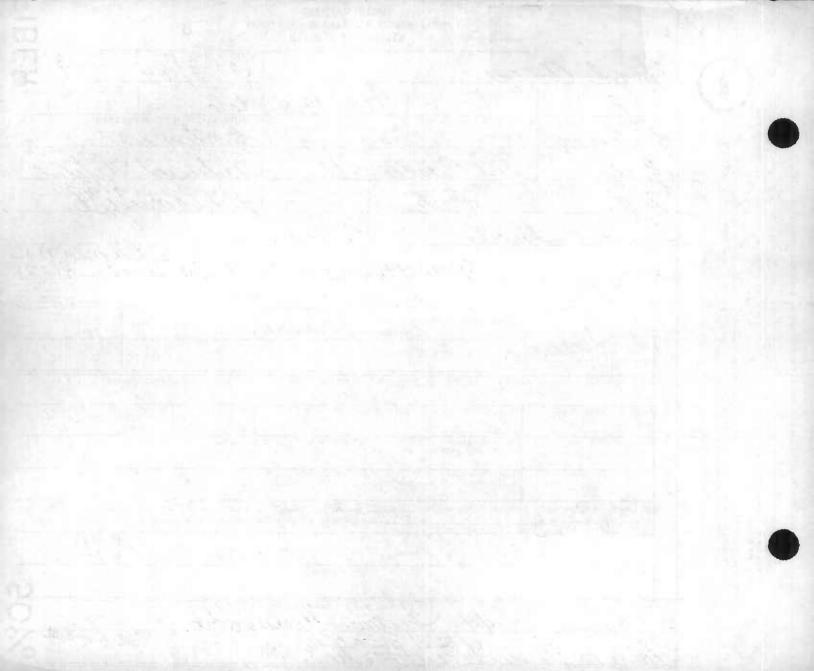
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(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) JOHANNA B. ANDREWS 03 25 84 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX 4 RACE MONTH YEAR 22 FEMALE WHITE 09 01 82 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY U.S.A. Marvland WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 3565 BENZINGER ROAD, 21229 HOMEMAKER BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13b COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 3565 BENZINGER ROAD, 21229 MARYLAND BALTIMORE YES X NO F 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE MIDDLE Unknown GOETZ BARBARA JOHN **ADDRESS** 21227 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) GEORGE & DOROTHY MEERDTER 5715 1ST AVENUE NO 212-10-4395 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and PART I. DEATH WAS CAUSED BY. CONSEQUENCE Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 276. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 224 PHYSICIAN NAME COM COMPANY 22e ADDRESS JUSTINAS KUDIRKA, M.D. 3927 ANNAPOLIS ROAD The BURIAL CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION BURIAL BALTIMORE CITY 03-28-84 BALTIMORE NATIONAL 21229 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. Julia Davidson-Randall (VRA 15, 4)

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TO HOSPITAL

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FOR

STATE OF MARTLAND										
DEPARTMENT OF HEALTH AND MENTAL-HYGIENE										
CERTIFICATE OF DEATH										

STATE OF MARYLAND	0.0			(3)	En
RTMENT OF HEALTH AND MENTAL HYGIENE		0	6,3	O	0
CERTIFICATE OF DEATH		REG. I	NO		

	' -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	<b>D</b> .			
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	3. SE)	Male	4. RACE	inte	S. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
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5	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN Maryland		13c. CITY OF		13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS / 6401 Loc	ZIP CODE	en Blvd	1. 21239	
7		THER'S NAME FIRST Frank VAS DECEASED EVER IN U.S. AR	MIDDLE		nger	15. MOTHER'S MAIDEN NA/ FIRST Elizat  17. INFORMANT	neth MIDDLE		Hilder	orand t	
,	- 0		E WAR OR DATES)		3-3652	Gail E. Hor	THILLIAM	TITI CT	ryland w Drive	21093	
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		22a.1 certify that (1) (this haspital) attended the deceased from 2-13 19.64, to 3-5- 19.								that (1) (we) lost	
1		saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE ADMINISTRATION OF PAYSICIAN'S NAME TIME OF THE CONTRACTOR OF THE CO	R PRINT)	riqui	,	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC	F/	224. DATE		
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	(	Burial	Mar 8	1984		ood Cemetery	Baltim			yland	
	24. Ft	INERAL DIRECTOR				125a. DAT	E REC'D. BY REGISTRAR	25b/REGISTE	BAR'S SIGNAT	WAF & AA	

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR:

Leonard J. Ruck, Inc. Baltimore, Maryland

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FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

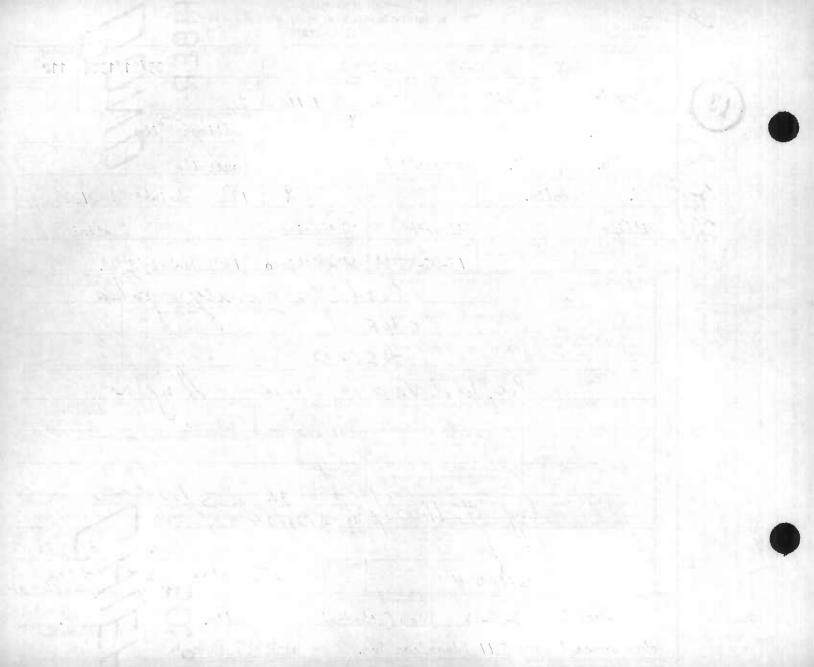
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-	REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.	
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1 10			Lover	TTEINSOM	3	
1	3. SE		4. RACE	5. DATE OF BIRTH  MONTH DAY YE	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MAN.
/_	1	Female	White	1 5 17 7	/- (	YRS.
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10	1	COUNTRY	USA	MARRIED NEVER MARRI		Cites MD.
3.0	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME OR OTHER INSTITUTION	ON 12n USUAL OCCUPATION	126 KIND OF BUSINESS OR
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ice /	16a. 1		MED FORCES? 166 SOC	TAL SECURITY NO. 17 INFORMANT	ADDRESS	
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ovo , u		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	1	antest	BETWEEN ONSET AND DEATH
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9 1	¥	OR CONTRIBUTING CAUSE OF DEA	NIII	19		
= = 0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR	Y 21f. LOCATION		
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	1	220.1 certify that this hasp	tall offended the decease	( 01)		22, 1907, that (we) last
2 0 0		above, ((we)   did   did	t) view the body after dea	th.	opinion death occurred on the date o	nd haur and from the causes stated
to the		226 SIGNATURE		DEGREE	Mouse Staff DING _ MEDICAL _ STAFF	221. DATE SIGNED
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21	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMA	ATORY 23d. LOCATION	COUNTY STATE
		Burial	3/29/84	Oak Iawn		
A 4/83	24. F	UNERAL DIRECTOR			Baltimor 25a DATE REC'D. BY REGISTRAR 256.	RECHELLA SENCHATURE
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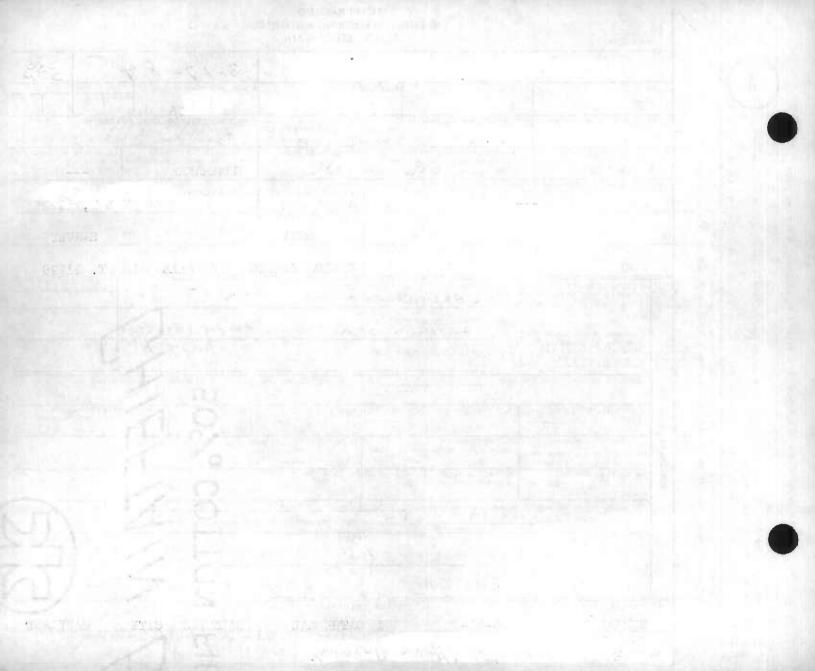
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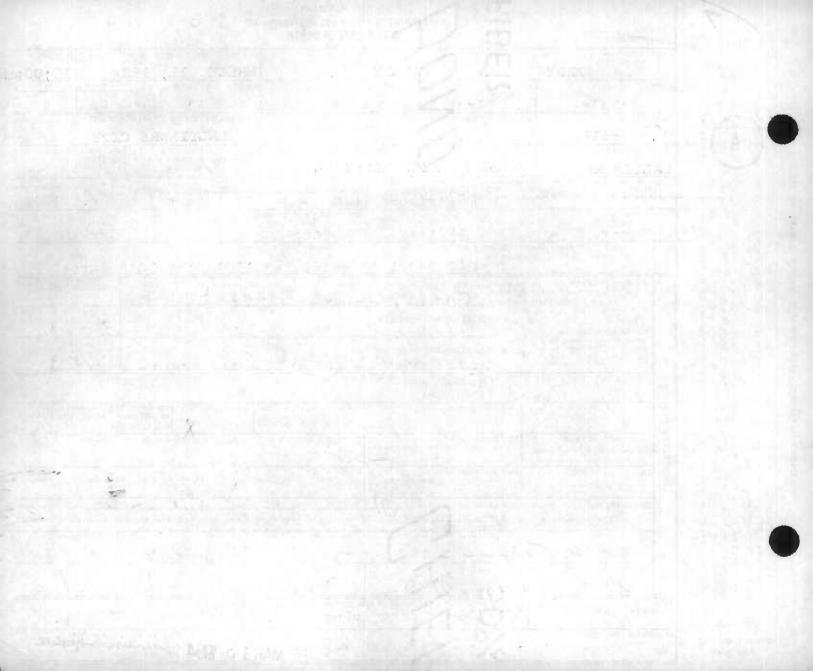
DEPARTMENT OF HEALTH AND MENTAL HYGIENE () FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DAY 26. HOUR KNOWN (TYPE OR PRINT) OF Allen J. ATWOOD DEATH MATED 10 19 84 3 2d HOUR AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 1:13 M 1936 Male White DEAD 1984 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY)
Virginia MARRIED NEVER MARRIED U. S. A. DIVORCED K WIDOWED Baltimore City 126 KIND OF BUSINESS I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Stone Mason Construction 1409 Light St. Baltimore OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS 9756 Matzon Road Maryland 13d. INSIDE CITY LIMITS? NO P 15. MOTHER'S MAIDEN NAME II FATHER'S NAME MIDDLE MIDDLE Maggie Atwood Thompson Ray 166. SOCIAL SECURITY NO III. WAS DECEASED EVER IN U.S. ARMED FORCES? 223-42-3446 Jack Atwood Baltimore, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST EXECUTE HE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS PROCEED THE CHIEF MEDICAL EXAMINER ALONG TO FUNCTIONE DECISION AS BURIAL - TRANSIT PENNING PENDEN AS A BURIAL - TRANSIT PENNING PENDEN AS A BURIAL - TRANSIT PENNING PENNING PENT MAND MENTAL HYGINE BATTIMOSE, MARTHAND REMOVAL Cranio-cerebral trauma MMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Alcoholism 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 20 AUTOPSY? Head Only 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) Z OR HOUR A.M. MONTH DAY YEAR UNDERLYING P.M. 3-10-19 84 Apparently fell down steps. CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME II. LOCATION STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK 1409 Light St. Md. house Head Only 220. I certify that I took charge of the remains described above, held an and in my apinian Accident X Homicide L. Undetermined monner TITLE (SPECIFY) DATE 3-11-84 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 3-16-84 Grandview Memory Gardens Bluefield, Tazewell, Virginia Burial BP. REGISTRAR 110 REGISTRAR'S SIGNATURE
1984 Fisha Sandson Mandale 24 FUNERAL DIRECTOR **DHMH - 17** Marzullo Funeral Service Reisterstown, Md. (VR A15 ME (5)) 20M 4/B2

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

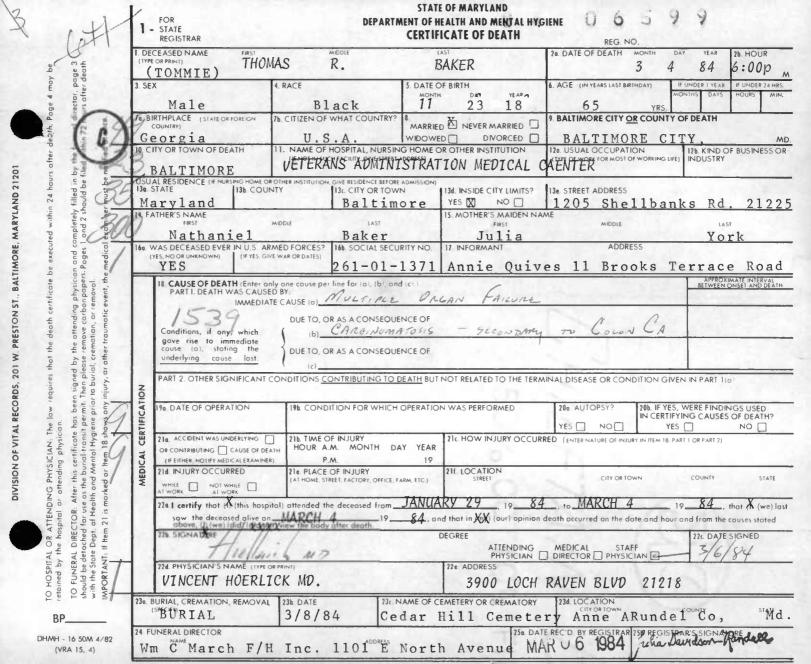
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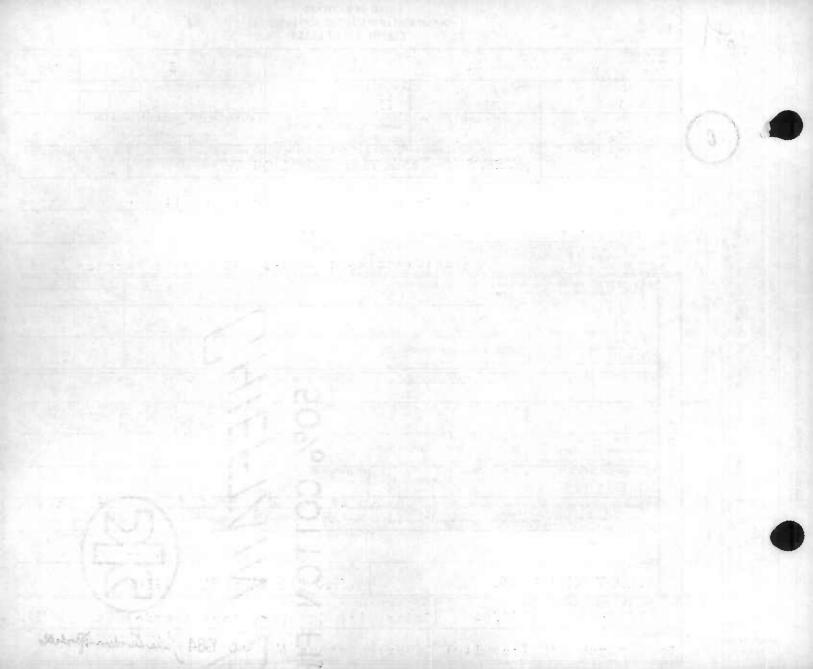
	1-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o.	00
		CEASED NAME FIRST B	eatrice.	J.Bak	erg.	alcer	20. DATE OF DEATH	7 8 YEAR	TO HOUR
	3. SEX	Female	1 RACE	te	5. DATE C		6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER 1 YEAR MONTHS DAY	
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	US	WHAT COUNTRY?	WIDOWE		011	R COUNTY OF DEATH	MD.
8	Be	TOR TOWN ONDEATH	Universit	FACILITY, GIVE STREET	address)	or other institution of Cancer Center	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON FYPORKING LIFE) INDUSTR	O OF BUSINESS OR RY
3	130. S	AL RESIDENCE LIF NU D'AME O STATE COU LEST VICANIA		OVE RESIDENCE BEFORE	N.	13d. INSIDE CITY LIMITS? YES P NO	130 STREET ADDRESS /	ZIP CODE Rola	Tel Dil Ga
29		ATHER'S NAMED FIRST FLOYCE	MIDDLE	Benney	++	15. MOTHER'S MAIDEN NAM FIRST Mande	MIDDLE	Pe	Ting.
3	()		emed forces? ve war or dates) timore	236-36	1268 1268	Husband	(see a	Sove)	OXIMATE INTERVAL EN ONSET AND DEATH
	2	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.  PART2 OTHER SIGNIFICANT	TE CAUSE (o) V  DUE TO, OF  (b) OP  DUE TO, OF	RAS A CONSEQUE RAS A CONSEQUE ACUTE	ENCE OF	Achycarolid.	-	Coni G - DITION GIVEN IN PART	lio
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES [	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 216. IN JURY OCCURRED	ATH HOUR A.	M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCURE			
	ME	NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN COUNTY	STATE
		27a.1 certify that (1) (this hosp ow the deceased olive or bove, (1) (wo) raid) (did not be a light of the li	ot) view the body	29 195			MEDICAL STAF	27c DA	the causes stated
1		(homes to	ORPRINI)				ene Stree	+ Baltimes	e Ma.
		BURIAL, CREMATION, REMOVAL SPECETY) Burial				EMETERY OR CREMATORY	Cumberla	nd, Allegar	ny, Maire

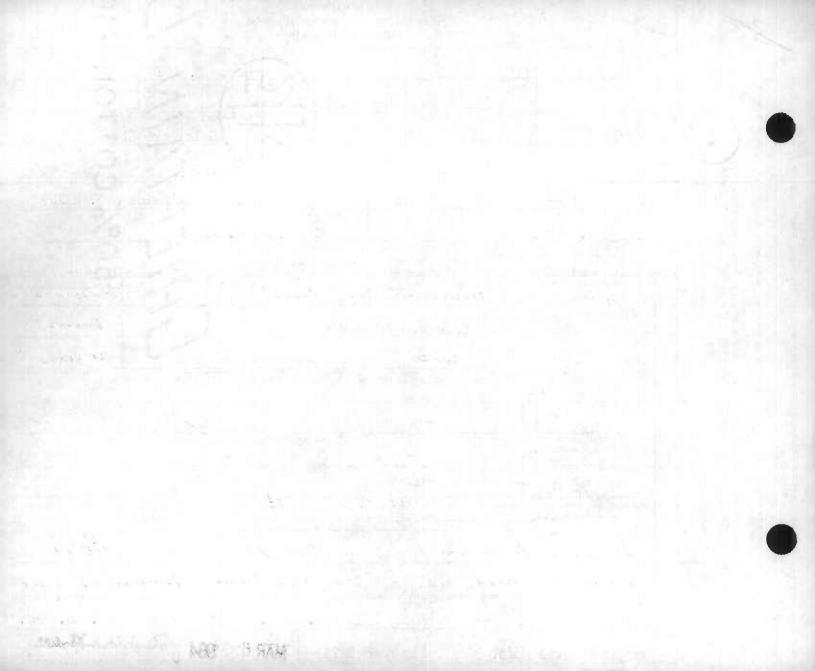
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Cumberland, Allegany, Md.

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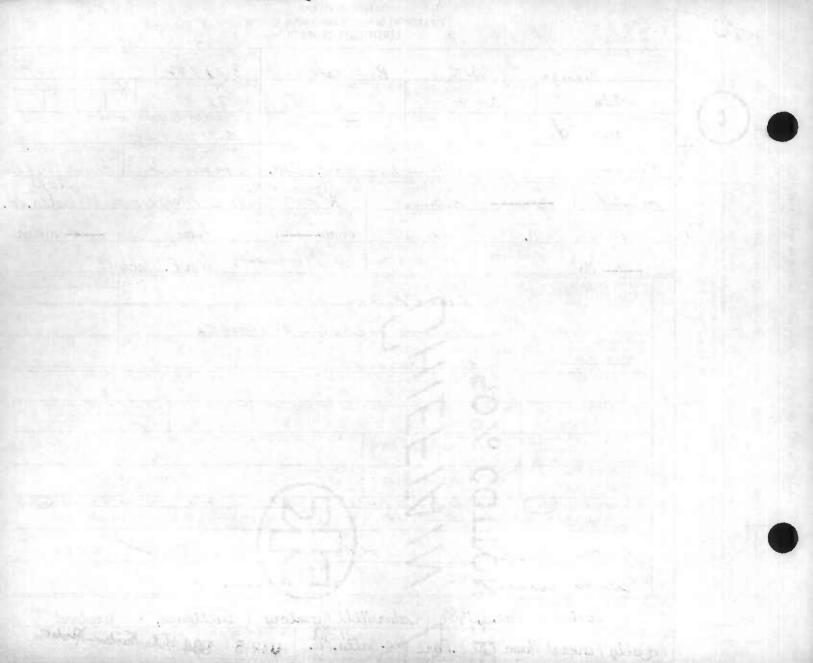


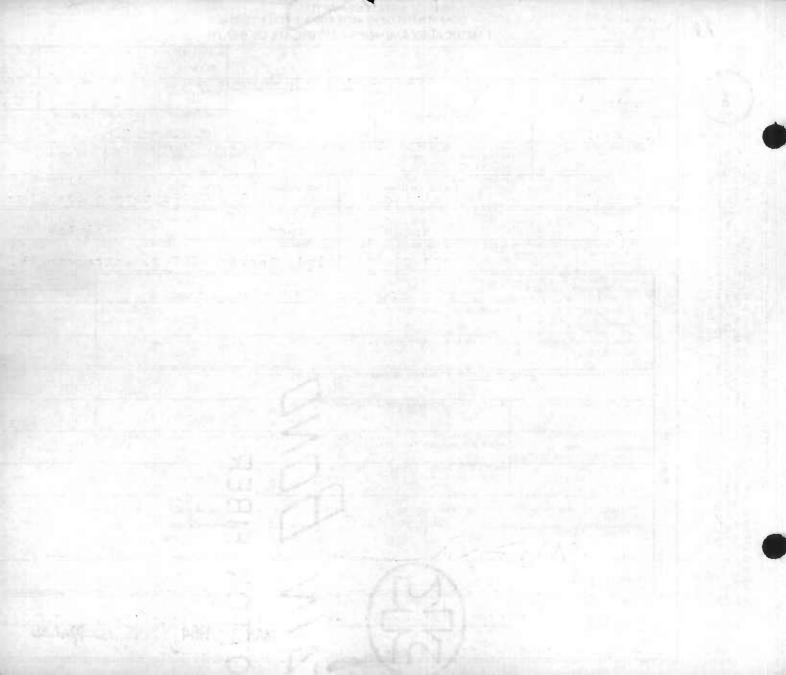


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ege 3 %		CEASED NAME AKA PRST	BLADAS (	BLADIS)	BALCT		2	REG. N  DATE OF DEATH		DAY YEAR	7.45 P
a po	3. SE		4. RACE		5. DATE C	F BIRTH	6.	AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
-	To B	MALE INTHPLACE (STATE OR FOREIGN		HITE WHAT COUNTRY	01	01 18		88	11101	- 12	-0,
		LITHUANIA	U	.S.A.	MARRIE		CED [	BALTIMORE		OFDEATH	MD
11 11	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)	R OTHER INSTITUT		TYPE OF WORK FOR MOST O		126. KIND O	F BUSINESS OR
2 1 1 70	UsU	BALTIMORE AL RESIDENCE (IF NURSING HOME		. AGNES I		AL		TAILOR		CLOT	HING
TOWN TO THE TOWN	13a.	MARYLAND 136 CO	UNTY	BALTIMO	WN	13d. INSIDE CITY LI. YES 😿 NO		e STREET ADDRESS 2808 WASH	INGTO	N BLVD.	21230
MARY BOOK	14. F)	ATHER'S NAME FIRST  U N	K N O W	<b>N</b>		15 MOTHER'S MAI		U N K N O	WN	tA5	î
ond c ages		VAS DECEASED EVER IN U.S. ,	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	-	ADDR			21230
LTIMe be e		NO  18 CAUSE OF DEATH (Enter PART L DEATH WAS CAU		213-01-		VALERIJA	BALC	UNAS 2808	WASHI		MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MAIN OF PHYSICIAN: The law requires that the death certificate be executed of other ding physician. The law requires that the actificate has been signed by the attending physician and common as the buriol-transit permit. Then please remove carbon papers. Pages I am the and Mental Hygiene prior to buriol, cremation, or removal.  Order of them 18 shows any injury, or other traumatic event, the medical managed or the property of the pro		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(c)	RAS A CONSEOU SEVEYE RAS A CONSEOU CHMM	JENCE OF	monery onery of	failu	y duce	Ų		
ORDS, 2	NOI	PART 2 OTHER SIGNIFICAN  C.H.F.,	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMIN.	AL DISEASE OR CON	DITION GIV	EN IN PART 110	,
AL RECC	CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?  YES NO	IN CERTIF	, WERE FINDIN YING CAUSES S	OF DEATH?
GICIAN: 1 ig physic certificate riol-trans ental Hyg fem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A	DE INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART 1 OR PART 2)	
ortendir ortendir ther this os the but h and M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
ATTENDIII spital or CTOR: A I for use of Health		220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did	pital) attended the body	e deceased from. P-14-191 ofter death.	3- 14 . or		opinion dec	to 3-14	, ,		that (1) (we) last causes stated
TAL OR yy the horached detached off Dept.	ď	226 SIGNATURE	e			DEGREE ATTEN PHYSI	NDING	MEDICAL STAI	FF	22c. DATE :	SIGNED
TO HOSPITAL TO FUNERAL I should be deto with the Store I MAPORTANT: II			BHOWI	RA		22e. ADDRESS	Ames	Hosp.	Bal	to.	ns.
BP	23a. E	SURIAL, CREMATION, REMOVA				METERY OR CREM	ATORY	23d. LOCATION CITY OF TOWN	D OTHER	COUNTY	SZT A STATE
DHMH - 16 50M 1/81	24 FU	BURIAL JNERAL DIRECTOR	03-17	-84	212	DON PARK	250 DATE R	BALT IMOR I			RYLAND
(VRA 15, 4)	HU	BBARD FUNERAL	HOME, IN	IC. 4107				R 16 1984	Rice	Drigtson.	Bandale .

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<00		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D.	AY YEAR 2b. HOUR
4 50		George	Arthur	BARCKERT	3/1/84	4.42 MM
	3. SEX	Male	RACE	5. DATE OF BIRTH MONTH DAY YEAR	M	FUNDER LYEAR IF UNDER 24 HRS
- 1/ P //	1		WINITE	5 31 08	75 YRS.	05 D5 A 7 11
		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	MD.
4 11 1/2			(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
20		AL RESIDENCE (IF NURSING HOME OR O)		Gen Hos/Balto.	MACHINIS	CROWN COCK & SEA
MD 21	130. 5	STATE 136. COUNT		N 134. INSIDE CITY LIMITS?	130 STREET ADDRESS  31 E HENRIE	21230 The ST Balto MJ
YLAI thin thin thin 2 sho		THER'S NAME		15. MOTHER'S MAIDEN N	AME	THE THE DELLACE STILL
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S 1 o	16a. V	VAS DECEASED EVER IN U.S. ARM			ADDRESS	Brok-Styller
MORE n and c			WAR OR DATES) 218 -09	3174 Hospital Ca	Hors John F. Barc	roft
VITAL RECORDS, 201 W. PRESTON ST., B. N: The law requires that the death certifica systion. icate has been signed by the attending physicial permit. Then please remove corbonope Hygiene prior to burial, cremation, or remove 18 shaws any injury, or other troumatic event,	CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE  (b) FUL MANN  DUE TO, OR AS A CONSEQUE  (c) ACUTE A  DIDITIONS CONTRIBUTING TO E  198. CONDITION FOR WHICH	ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	MINAL DISEASE OR CONDITION GIVE	WERE FINDINGS USED YING CAUSES OF DEATH?
N OF VITA	AL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19		
DIVISION OF VITAL ING PHYSICIAN: The contending physicion offer this certificate h as the buriol-transit pr th and Mental Hygiet th and Mental Hygiet orked or Item 18 sha	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDINA retoined by the hospital or or TO FUNERAL DIRECTOR: Afti should be detached for use os with the Stote Dept. of Health IMPORTANT: If them 21 is mort		220. I certify that (I) (this hospito saw the deceased alive an abave, (I) (w ) (did) (did nat) (22b. SIGNATURE	2/1/84 19_view the body after death. 19_view the body after death.	DEGREE  M. D. ATTENDING PHYSICIAN  220. ADDRESS  3.001 J. M.	MEDICAL STAFF DIRECTOR PHYSICIAN	9 87, that (I (we) lost ond from the couses stated  22c. DATE SIGNED  3/1/8-4
BP	23a B	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	Baltimana	Maryland STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	UNERAL DIRECTOR Cilly Funeral He		24220 1250	AR 5 1984 fuller	AR'S SIGN POPEL DE





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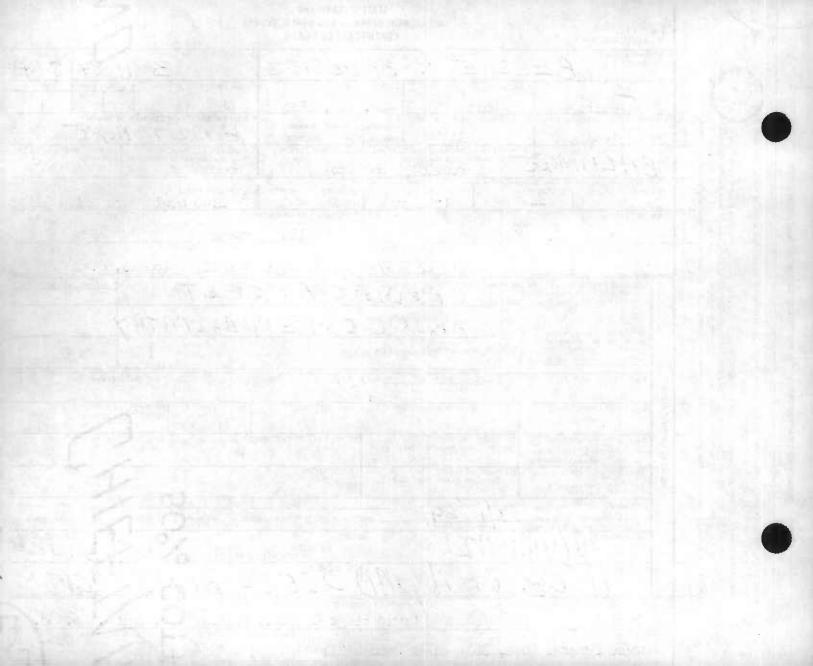
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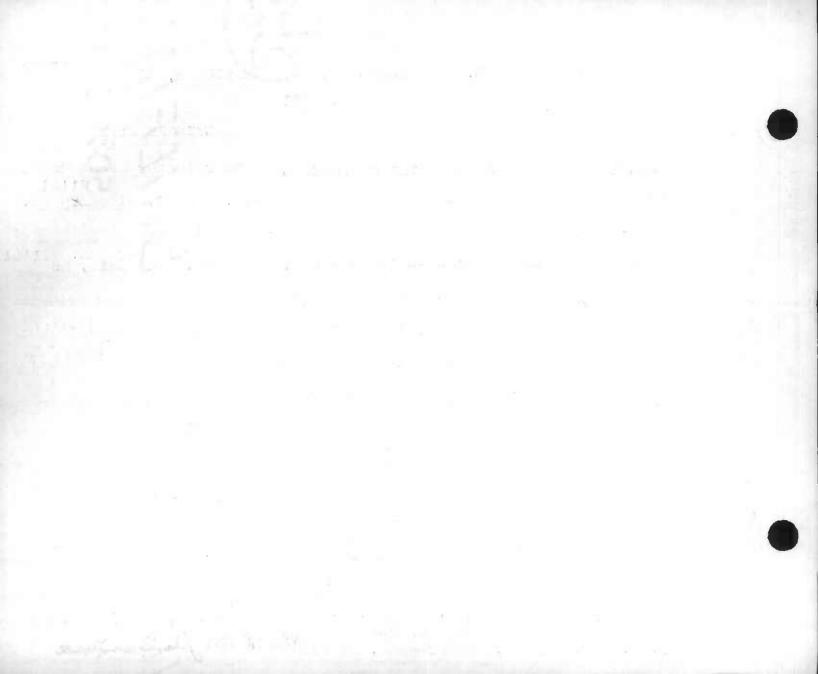
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The second of TIME TO BE STORY - andrea . . selveno Bonnie Joynor 1171 Mobr 31. Augl Tel wint as \$1 190 eroms of bin SICHIDIA -APPLICATION OF THE PROPERTY OF A PROPERTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) Batz Lorraine Mane IF UNDER 1 YEAR 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) HOURS YEAR Female 10 51 White **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland BALTIMORE CITY DIVORCED X7 WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e. USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Agnes Hosp. (patient 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Catonsville Spring Grove Hosp, 21228 Md. NO [ 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Wesley Woods Byron Doris Marie 16b. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 317 S. Bruce St. 216-58-4656 No Mr. Wesley Byron Balto APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardio Respiratory Arrest Conditions, if ony, which gove rise to immediate couse lol, stating Respiratory Distress Synthorne underlying couse SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Procumenta x 2 over past year. Documented Organic Brain Syndrome 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 5 CITY OR FOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that Withis haspital) attended the deceased from and that in (mg) (our) opinion death accurred on the date and hour and from the causes stated above, (M (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN STATE 4/2/84 Removal 250. DATE REC'D. BY REGISTRAR 356, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 Ma Davidson (VRA 15, 4) Anatomy Board Balto., Md

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

TEND of Land the day of the Parties 2. John John Brown Hardway Venner Carl Line

D	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYC	REG. NO.		
Time.	I. DE	CEASED NAME FIRST	WIDDLE	ī	ASI		INTH DAY YEAR	26 HOUR
1	1,,,,,	Mary		Be	bber		3 30 84	9:45 AM
	3 SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER I YE.	AR IF UNDER 24 HRS
/	100	Female	White	June	1 120, 11915	68	YRS MONTHS DATE	YS HOURS MIN
m		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY			9 BALTIMORE CITY OR		
7		Tenn.	USA	WIDOWE	V	BALTIMORE	CITY	MD.
4		BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE)  ST. AGNES HO	T ADDRESS]		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFET INDUSTE	of BUSINESS OR RY
35	USU 130		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSIONI	13d. INCIDE CITY LIMITS?	13. STREET ADDRESS 4		21218
A		ATHER'S NAME FIRST	MIDDLE Fren	ch	15. MOTHER'S MAIDEN NA			LAST
1	160 \		rmed forces? 166 social sector was or dates) 226-24		Mrs. Dorothy		2200 Manno annotts. Me	~
	NO	Conditions, if ony, which gove rise to immediate couse ion, stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO  () POST O  CONDITIONS CONTRIBUTING TO  POR CU	JENCE OF A DEATH BUT	NOT RELATED TO THE TERM	io pulmono  Minaudisease or condit  Sets Well		1(0)
Land Land	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINI N CERTIFYING CAUS YES []	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY II	NITEM 18, PART I ORPART 2	0
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		sow the deceased alive or above, (I) (we) (did) (did no	ortal) attended the deceased from  19.  19.  19.  19.  19.	84.01	, 19 nd that in (my) (our) opinion	, to death occurred on the date		
		Elli che	lebados		PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	1 3	130/84
MPOKIAN A		Michelel	GOLDON.			AVE. BALT	IMORE, MD	.21229
2 6		BURIAL, CREMATION, REMOVAL		en 1	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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6		UNERAL DIRECTOR	ADDRESS		tapsed Am 250. DAT	3 1984	a Drug Work	ATURECO
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BALTIMORE CITY

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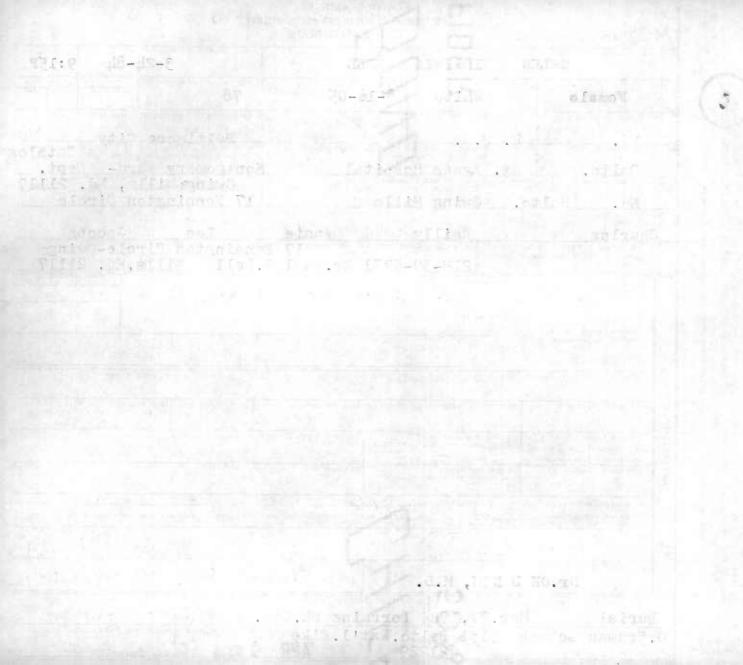
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1	Item 4 per pho		ATE OF MARYLAND FHEALTH AND MENTAL HYG	6012	
5	- STATE REGISTRAR		IFICATE OF DEATH	REG. NO.	A Augustia
	1. DECEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
death death	Andrianna	Bell		3/6/84	7/05 AM
Her o	3. SEX		E OF BIRTH NTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- 1	F	0	710/18	65 yrs.	
The Art of	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Phila. Pa.		RIED NEVER MARRIED WEDE DIVORCED	9 Baltimore CITY OR COUNT Balte. City	Y OF DEATH  MD.
oy the	Balto.	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  University of Md.		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b, KIND OF BUSINESS OR INDUSTRY
24 hours		EER OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSINGULATION Phile.	13d. INSIDE CITY LIMITS?	13 ST ET ADDRESS 214 Shipview	99999
d within d within d within a	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	AE .	Way. // ///
Mecuted And Company of	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO		ADDRESS	
TIMORE on ond on ond or on ond or ond or ond or ond or ond or	(YES, NO OR UNKNOWN) (IF YES,	197 07 2461	Walter Sega	le 6214 Shipvie	ew Way
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours attending physician.  Ifter this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages and 2 should be fill than d. Mental Hygiene prior to burial, cremation, or removal.  The page of the properties of t	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) CAPCE NOWN  DUE TO, OR AS A CONSEQUENCE OF  (c)  NT CONDITIONS CONTRIBUTING TO DEATH B  196. CONDITION FOR WHICH OPERAT  CANCER OF THE  1DEATH HOUR A.M. MONTH DAY YEAR  P.M.  116. PLACE OF INJURY	UT NOT RELATED TO THE TERMINION WAS PERFORMED  E PANCHEAS  216. HOW INJURY OCCURR	NAL DISEASE OR CONDITION GI  20a AUTOPSY? 20b. IF YE IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2
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449949	(SPECIFY)  Burial	0 10 10 1 100 0	CEMETERY OR CREMATORY	Yeadon Delawa	re County Pa.
DHMH-16 60M 1/73 (VR A 15 (4))	24. FUNERAL DIRECTOR	ADDRESS		REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURENDAME.
	Della NOCE &	Sons 322 S. High ST.			

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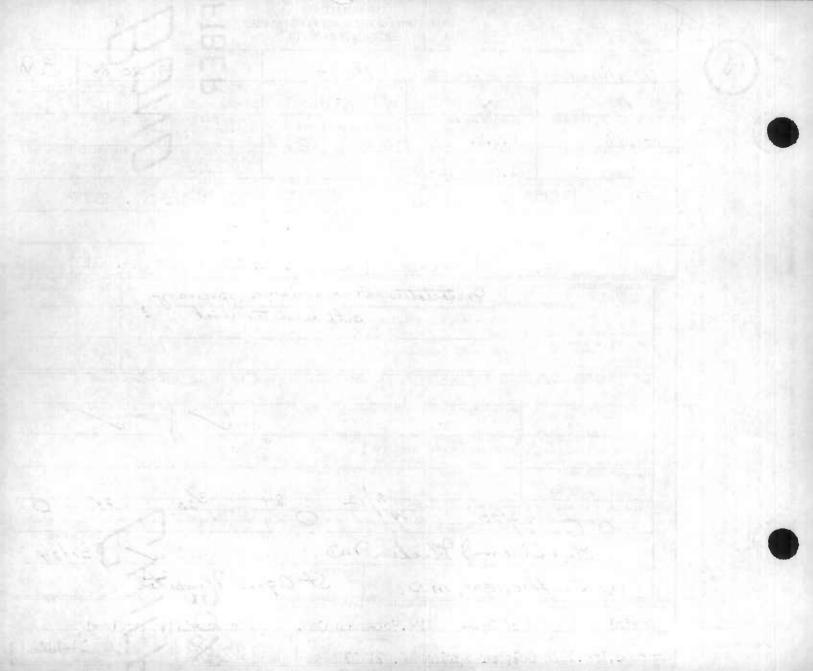


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.			
1		CEASED NAME FIRST	MIDDLE	t.	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
	Link	HERMAI	N PETER	SON BEI	NDERMEYER, JR	3 2	1984 8.38Am		
	3. SEX	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
1		Male	White	MONITE 1	2 02 27	56 YRS	MONTHS DAYS MOURS MIN.		
5		THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	0	9. BALTIMORE CITY OR COUNT	Y OF DEATH		
4		Maryland	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED TX	Baltimore C	ity MD.		
1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
2	-	altimore AL RESIDENCE (IF NURSING HOME OR		s Hospita	1	Salesman	Bread		
3	13a S	Bal	VTY 13c. CITY	nsdowne	YES NO 🛣	13e STREET ADDRESS 210 Laverne Av	enue 21227		
0	)4 FA		P. Bend	ermeyer,	is mother's maiden NAA Sr. Evelyn	WE	Baker		
n		VAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17 INFORMANT	ADDRESS			
9	1	YES. NO OR UNKNOWN) (IF YES GIV	WAR OR DATES) 22	0-22-1591	Daniel Bende	ermeyer 210 Lave	rne Ave. 21227		
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly ane cause per line for the DBY.  TE CAUSE (a)	DIO RES	PIRATORY	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		Canditions, if any, which gave rise to immediate cause ia stating the underlying cause last	(0)	ER F	SM AND	DUE TO	4400		
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI							
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	9b. CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO			
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	HOUR A.M. MONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18	T 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR JAT HOME, STREET, FACTO			CITY OR TOWN	COUNTY STATE		
		22e I certify that (1) (this hospital) attended the deceosed fram, 19, to							
		226 SIGNATURE ACCESSIV 1	Jall Je	MEDICAL STAFF DIRECTOR PHYSICIAN	3.2-84				
		D MAIN	OTRA		ST AGNE	ES HOSP, M	1021229		
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	COUNTY - SLATE		
		Burial	3/5/84	Meadow	ridge Mem. Pk.		oward Mary Tand		
	24 FL	JNERAL DIRECTOR		ADDRESS 212	29 250 DATE	REC'D. 8Y REGISTRAR 258 REGIS	MAR'S SIGNA HENDER		
	Hu	ubbard Funeral	Home, Inc. 4	107 Wilke	ns Ave. MAS	6 1984			

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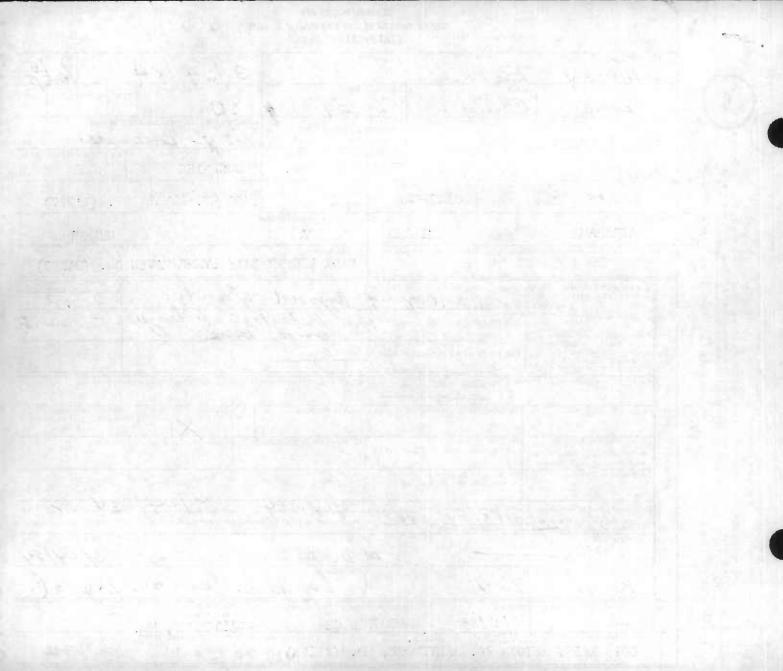
Dundalk,

(VRA 15, 4)

MD. 21222

65/17/84 3/10/1 TEMPLE WATER IN 14 69 PA NEA CLL Political morning Hispatica \*. 3 26

2/77/8ri HERITO LEWI IVI



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 35

CERTIFICATE OF DEATH

REG. NO LAST 20. DATE OF DEATH MONTH 2b HOUR DECEASED NAME FIRST ANIDDLE LIVPE OF PRINTS ABRAHAM BERKMAN MARCH 8 1984 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX MONTH YEAR White Male 1903 May 20 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Russia U.S.A. WIDOWED BALTIMORE CITY 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Store Owner-Retail; Glass Indust BALTIMORE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSING HOME OPOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 2811 Washington Avenue (20815) Montgomery Chevy Chase NO [ Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Berkman Breeskin Aaron Fanny ACCETumbia, Md. 21045 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Dr. Aron Berkman; 5269 Bright Dawn Ct.; NO 579-34-8074 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and (c).) PART I. DEATH WAS CAUSED BY: HILOST IMMEDIATE CAUSE (o Canditions, if any, which gave rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse ADDER (NOCO) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 228.1 certify that (I) (this haspital) attegated the deceased from sow the deceased alive on. and that in (my) (our) apinion death accurred an the date and hour and from the causes stated obave, (1) (we) (did) (did nat) view the bady ofter death 226. S GENTURE DEGREE PHO ATTENDING

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detor with the State [ IMPORTANT; If

Burial 3/11/84

23a. BURIAL, CREMATION, REMOVAL

FOR - STATE

REGISTRAR

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DIRECTOR PHYSICIAN

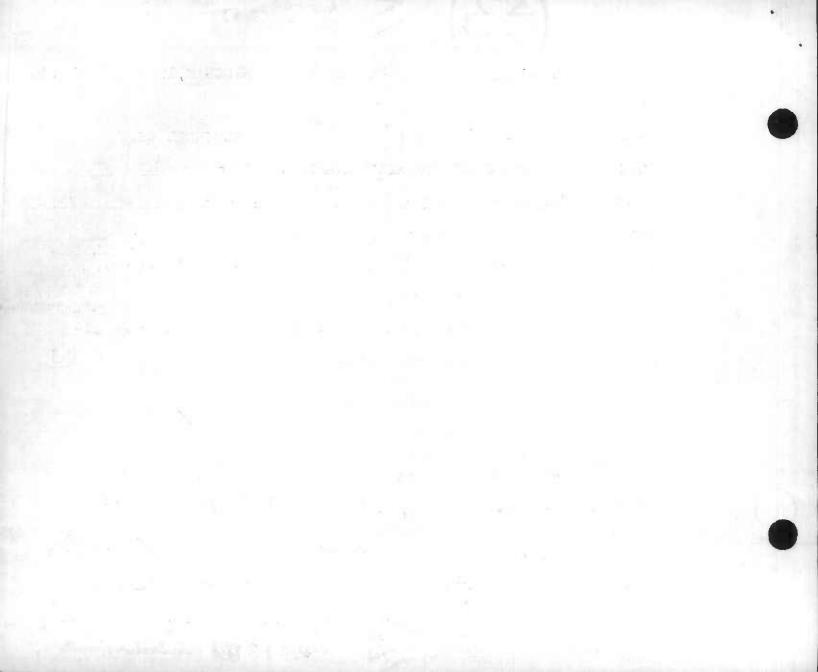
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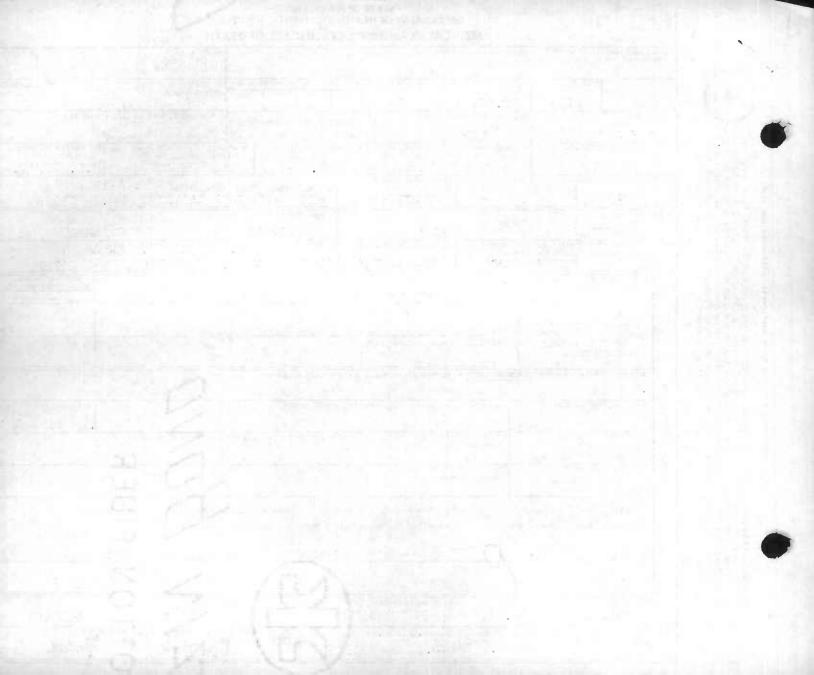
Olney: Montgomery: Maryland Judean Memorial Gdns

PHYSICIAN |

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250. DATE REC'D. 1170 Rockville Pike: Rockville, Maryland 2085 A.

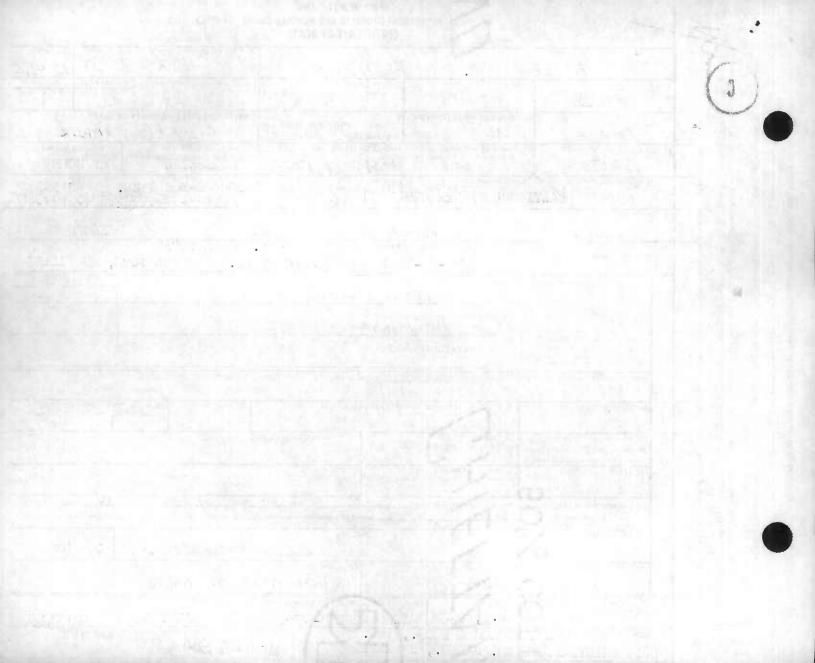


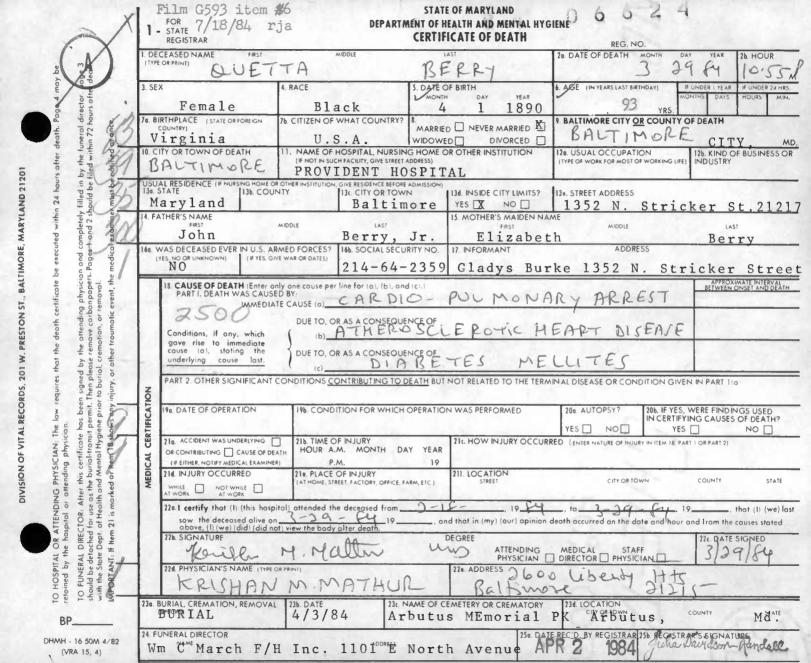
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-3/30/849 Leonard Berman 6 AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEC.18, 1923 DEAD 3/30/84 19 MALE WHITE 60 YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED XX Baltimore City USA WIDOWED | MARYLAND ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3600 Labyrinth Road, APT. A-1 Baltimore ACCOUNTANT U.S. GOV'T. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS APT. A-1 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13a. STATE 13b. COUNTY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 BALTIMORE YESXX 3600 LABYRINTH RD. 21215 MARYLAND NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST UNKNOWN BERMAN SHIRLEY GREENBAUM 166 SOCIAL SECURITY NO 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? MR. MICHAETODESS BERMAN (IF YES, GIVE WAR OR DATES) KOREAN-ARMY 219-14-1761 4503 ARABY RD. FREDERICK, MD 21701 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) USED AS A BURIAL TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, ID MAIL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIJOR TO BUR YES NOX 2) a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Natural causes X Accident Undetermined manner death resulted fram: TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 3/30/84 EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION MARYLAND BALTIMORE BURIAL APR. 1,1984 CHIZUK AMUNO 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** BALTO., MD 6010 REISTERSTOWN RD. (VR A15 ME (5) 20M 4/B2

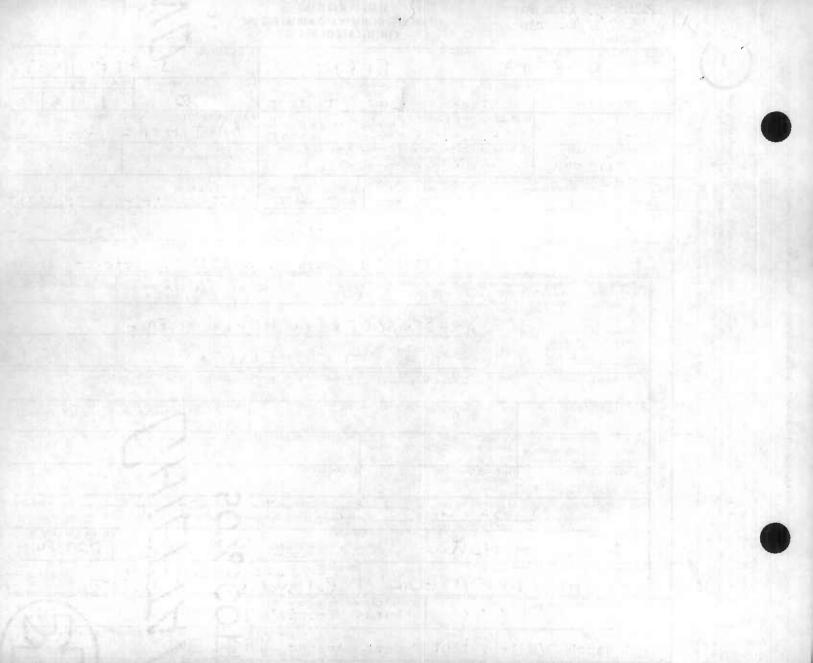


6010 REISTERSTOWN RD. BALTO, MD

(VRA 15, 4)







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)	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTALIHY CERTIFICATE OF DEATH	GIENE () 6 Q &	٤ ٦						
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH							
1	Marta	N mn	Bert	2	14 91 7 2 204						
1	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	WUNDER LYEAR IF UNDER THES						
-	Female	White	January 9, 1899	85 YR							
Ì	ENTHPLACE (STATE OR FOREIGN COUNTRY)  Germany	75 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Cour							
Ì	Baltimore		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	126 KIND OF BUSINESS OR						
1	130 STATE 136 COL			13e. STREET ADDRESS							
4	Maryland Howa	rd Ellicos	EL CILY YES NO	4914 Ilchester	RD 21043						
7	late Herrmann	MIDDLE LAST	15. MOTHER'S MAIDEN N  late Anne	_ MIDDLE	LAST						
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	Kingsville Md						
1	NO	212 09 5	5167 D Mrs Ellen	Solomon 1704 Old	Joppa Rd 21087						
F	PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b), a SED BY: ATE CAUSE (a)	ngistive Alast.	fai luse	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	4100	DUE TO, OR AS A CONSEQU	PENCE OF	4-04							
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	MS amjoeasay	os elu	D7						
			DEATH BUT NOT RELATED TO THE TER	1	GIVEN IN PART 110						
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO YES NO NO							
1		EATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)						
-	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	City de town	COUNTY STATE						
		pital attended the deceased from	and with the in any hour styling	denth occurred on the date and	haur and from the causes stated						
	22b. SIGNATURE	nshigh	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	3/4/84						
	228 PHYSICIAN'S NAME TYPE	9.5146H	900, Ca	ton Ave, 57	the Agnes Horp						
	23a BURIAL, CREMATION, REMOVA	L 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE						
	Burial	March 7 '84 P	arkwood Cemetery	Baltimore	Maryland						
	24 FUNERAL DIRECTOR	400000	25a DA	ATE REC'D BY RECLEMENT	DENGLICH AND						
	Harry H Witzke 4	112 Columbia Rd	Ellicott City MA	AIL O BOOM TOWN							

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

and S. Land C. L. J.

Female Laire January 9, 1899

Cermony U.S.A. x Daltimore City

Saltimore St Ames Hospital Bousewife

Maryland Howard Ellicott City x 4914 Clehester sp 21041

lare Herranno Tiedemann lare Anna Minzel

212 0 Sip7 U Mrs Allen Soromon 1904 Old Ippo, Rd 2007

OS OF : Y

Surfal March 7'04 Parhwood Cometery Saltinona Saryland

1	1 -	STATE REGISTRAR		DEI ARTH		CATE OF DEA	TH	REG. N	62	6	
17 (1)		CEASED NAME FIRST HARF		Theodore	B	ETCH	- Ign	2a. DATE OF DEATH		2 84	26. HOUR 9:15 A.M
	3 SE	MALE	4 RACE W	Hite.	S. DATE C		YEAR 50	AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
mercal direction 72 house	7a Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)  Country)  Country)	U.S.t	WHAT COUNTRY?	WIDOWE		RCED 🗌	Baltimore CITY &		of DEATH	W
by the to	1	Baltimore	GOOD IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET I Samarita	2 HUS		TION	120 USUAL OCCUPAT (TYPES WORK FOR MOST	OF WORKING LIF		of Bal
hin 24 feet in should be should be nermunding	13g	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COULD		130 CITY OR TOWN					ZIP CODE	z Avenu	e 21224
omplete			MIDDLE	Betch Sr.		Anna Anna		Marie	500	Thomps	on
re be executed complete. Poges 1 on 1.1.			RMED FORCES? VE WAR OR DATES)	219-52-	5918	Mary J.	. Betc	h 738 S.			21224 IMATE INTERVAL ONSET AND DEATH
that the death certificate bd by the attending physicial ease remove carbon papers. of, cremation, or removal.		18. CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stalting the underlying cause last.	ED BY: TE CAUSE (a)  DUE TO, O	Metas or as a conseque or as a conseque	Xuti	s Mal	icho	ant Me	Janan		7.521 2.79 0.241
he low requires on hhos been signer r permit. Then pl ene prior to burn ows ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO D				200 AUTOPSY?  YES NO	20b. IF YES	EN IN PART 100	NGS USED
DING PHYSICIAN: The it or offending physician After this certificate has eas the buriol-transit per oith and Mental Hygiene marked of them 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE ALWORK	R) P	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE F	19	21t HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU	•	COUNTY	STATE
SPITAL OR ATTEN  By the hospinal  ERAL DIRECTOR,  be detoched for us  Store Dept of He  ANT: if item 21 is		27a I certify that (I) (this hosp saw the deceased alive ar above, (I) (we) (did) (did no 27b, SIGNATURE	3- at) view the body	19	vy 1	DEGREE	NDING _	MEDICAL STA	FF	-	
TO FUN Should k with the		HUEL S.  BURIAL, CREMATION, REMOVAL		23c. N	AME OF C	EMETERY OR CREATE (		23d LOCATION OUNGAR	Balte	county	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR PARILES S. Zeile	r & Son				PERMIT	5 1984 TRA	·	RAP'S SIGNA MODERNAMENTAL	URE nace

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MPORTANT: If hem 21 is marked ar

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	= STATE REGISTRAR				CERTIF	CATE OF	DEATH		REG. NO.			
	CEASED NAME	FIRST	A	AIDDLE	L/	AST	WILL CO.	20. DATE OF	DEATH MO	NIH D	AY YEAR	26. HOUR
(14)	YVON	NE	MAF	RIE	BE	ZA		MARCH	1 21,	1984		5:28 PM
3. SI	• ·	4.1	RACE		5. DATE O		Sell -	& AGE IN YEA	RS LAST BIRTHD		ONTHS DAYS	IF UNDER 24 HRS
	FEMALE		WHITE		JUL		1908	75	85	YRS.		HOURS MIN.
34/1	SIRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIET	NEVER	MARRIED -	9. BALTIMOR		OUNTY	OF DEATH	
/	NEW YORK		U.S.	.A.	WIDOWE		DIVORCED	BALTI	MORE	CIT	Y	MD.
10 0	TITY OR TOWN OF DEAT	TH 11.		OSPITAL, NURSIN			STITUTION	12e. USUAL O				F BUSINESS OR
1	BALTIMORE			OHNS HO	PKIN	s Hos	PITAL	HOME	MAKER	ORKING LIFE	INDUSTRY	
13e.		136 COUNTY		130. CITY OR TOW	N	13d. INSIDE	CITY LIMITS?	138 STREET A				
M	IARYLAND	ST. M	RY'S	CALIFORN	IA	YES X	NO 🗌	172 B	ARING	ER DR	RIVE	20619
14 F	ATHER'S NAME	MID	DIE	LAST		15. MOTHE	R'S MAIDEN NA	ME	WIDDLE		LAS	7
	JOSEPH	11110		BARBER		11550	LENA		MIDDLE		VIT	A
	WAS DECEASED EVER !			166 SOCIAL SECU	RITY NO.	17. INFORM	MANT	17	2ADBRESS	inger	Drive	
	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	231-40-3	2004	RARR	ARA FLEM	IING C	lifor	nia	Maryla	nd 20610
-	Y	Cr. L.				Diudi	uct I Like	ilivo, Co	LITIOI	IIIa,	APPROXI	MATE INTERVAL
	PART I. DEATH W	AS CAUSED B	Y:	14	L .	info	retion				27	ONSETAND DEATH
	2201	CAUSE (0) Drain Stem in the retion							_	66	Clays.	
	2376		DUE TO, OR AS A CONSEQUENCE OF								229	1005
	Conditions, if any,		(b)	menn	mgitis						,	7 7.
	couse (a), stating		DUE TO, OF	R AS A CONSEQUE	A CONSEQUENCE OF							1 -
	underlying cause	BRA	IN	101	MIR				22	days.		
	PART 2. OTHER SIGN	FICANT COM	NDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CONDIT	ION GIVE	N IN PART 1	0
ON	BOWEL	PERK	DEATTO	IN, DIA	WSETE	Smi	24/10	5.				
AT	190 DATE OF OPERAT	ION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				20e AUTOR			WERE FINDIN		
CERTIFICATION							YES NO YES NO			OF DEATH?		
ER	210. ACCIDENT WAS UND	ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW		21c HOW	INJURY OCCUR	RED (ENTER NATE	JRE OF INJURY II	NITEM 18 PA	RT I OR PART 2)			
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONT			Y YEAR							
MEDICAL	(IF EITHER NOTIFY MEDIC		P./ 21e. PLACE (		19	211 LOCA	TION					
ME	WHILE TO NOT WHI			EET, FACTORY, OFFICE, F.	ARM, ETC.)	STRI			CITY OR TOWN		COUNTY	STATE
	AT WORK AT WOR	K L			Tain	9.0		1	ANDE	127	04	
	220.1 certify that	V	man H	e deceosed from_	CH	27	19	to	10472-1	1		that (I) (we) lost
	sow the decease			ofter death.	87, or	d that in (m	y) (our) opinion	death occurred	on the dote	ond hour	ond from the	couses stated
	AND WARE LABOURED TO		7	7							1	

23e. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRE

23d. LOCATION CITY OR TOWN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

BÜRIAL

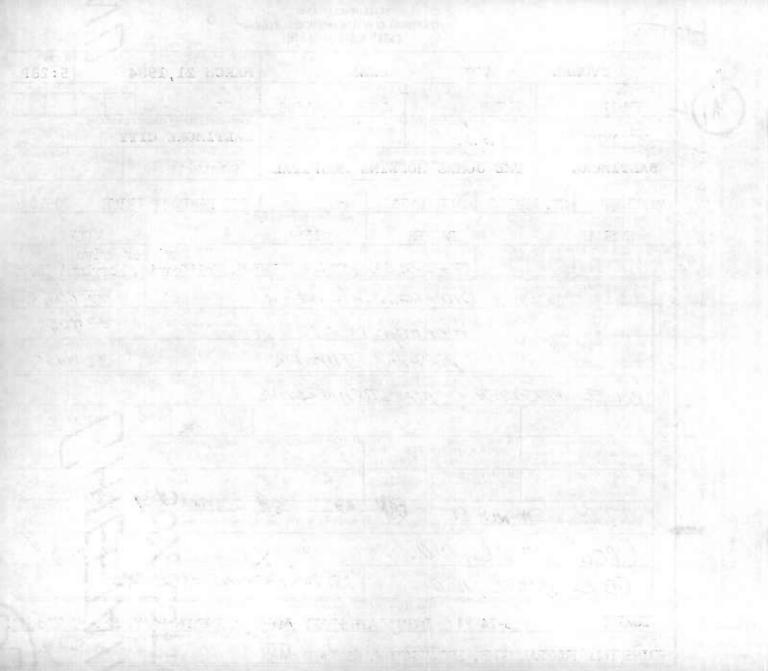
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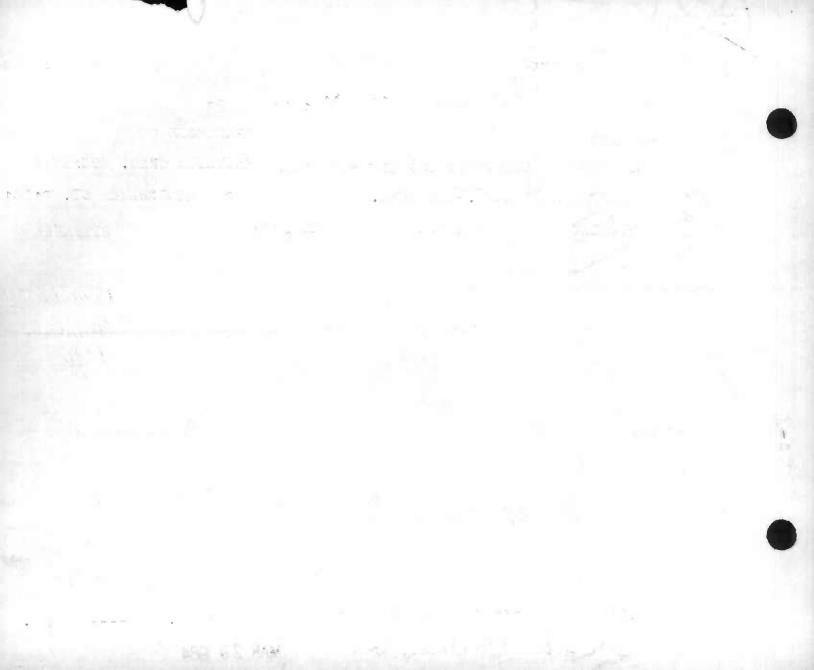
BP.

24 FUNERAL DIRECTOR
BRINSFIELD

FUNERAL HOME, LEONARDTOWN, MARYLAND

3-24-84





7	12	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 6 5 2 9	
Z,		- STATE REGISTRAR  CERTIFICATE OF DEATH REG. NO.	
1 - 0	m :	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOL	JR
N 6 8	-		35AM
-	1.2	5. DATE OF BIRTH  MONTH  DAY  YEAR  1. AGE (IN YEARS LAST BIRTHDAY)  MONTHS DAYS HOURS  YRS.	MIN.
1/24	RE	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED AREVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
		MD. USA WIDOWED DIVORCED BALTIMORE CITY	MD.
the the	P S	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12b. KIND OF BUSINI (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
1201 ours o	2 2		MACH
AND 2	d blue	LISTATE 136.CONTY 136.CITY OR TOWN 136. INSIDE CITY LIMITS? 130. STREET ADDRESS 2/2/2 GREEN BANK	RD
ARYL d within	nd 2 sh	FATHER'S NAME FIRST WALTER BIALER  15. MOTHER'S MAIDEN NAME FIRST MIDDLE DE DUTIS	7.3
RE. A	8 0 0	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
BALTIMORE, MA  Of NO  Ore be executed visition and cample	S. Pog	IVES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215 28 1438 JEANETTE BIALEK ABOU	
, 40	emoval.	18 CAUSE OF DEATH (Enter only one couse per line for (QL (b), and (CL)) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  WHO ( G CW ( C S (+C C C C C C C C C C C C C C C C C C C	DEATH
PRESTON ST he death ceft	ion, or re	Conditions, if ony, which (b) AUTE MYOCARDIAL (NFARCTION) 5 day	15
3 10 %	cremat other fra	gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF LONG TAC HEAVET DISCASE  UNDERLYING COUSE LOST.	
DS, 201	hen plec to buriol jury, or	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
VITAL RECORDS, 201  R. A. E. Cow requires th systelon.	ene prior	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO YES NO YES NO PART 1 OR PART 2)	DIT
OF VITA	ol Hygu	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
	Men'	(IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY	
DIVISION NG PHYSI Offer this ce	s the ond wed	WHILE NOT WHILE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
	eolth andr	22a.l certify that (I) (this haspital) attended the deceased from 5 5 6 19 8 10 37 19 8 10 11 19 8 10 11 11 11 11 11 11 11 11 11 11 11 11	(we) lost
R ATTEND hospital a	for of H	saw the deceased alive an	ated
the ho	etoched te Dept	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	44.
O HOSPITA etained by TO FUNERA	should be de with the Stot	STEE HYSICIAN'S NAME (TYPE OR PRINT)  120 ADDRESS 601 N. BROADWAY 21205  TO HWS HOPK INS (FOST BACTO IND)	
0 e 0	W With	B BURIAL, CREMATION, REMOVAL 236 DATE	
BP		ISPECIFY BURIAL 3/10/84 HOLY ROSARY BALTO. MD.	STATE
DHMH - 16 5 (VRA 15		FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR'S REGISTRAR'S REGISTRAR'S SIGNATURE  ADDRESS  MAR 9 1984	

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LETS KROME / CALL		4.0
SALES STANKE STANK		
	AND	
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aur This	Company of the	1 1
	and the same	422444200

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

AVER THE VALUE OF STREET COLUMN CONTROL OF THE PROPERTY The state of the s of A. Arabiduna Proposition and A. Arabiduna

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PORTANT

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME FIRST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) MARCUS 1984 MARCH 31 JAMES 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE IF UNDER I YEAR 3. SEX DATE OF BIRTH IF UNDER 24 HRS MONTH DAYS 03/29/1984 BLACK 16 MALE BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE | STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY MARYLAND WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING (IFE) INDHISTRY BALTIMORE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSING HOME DROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE HIL COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 7228 DARNELL HARFORD FOREST DRIVE MARYLAND YES X NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE FIRST PAULA E. BILLINGS ANDRA SUTTON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) ABOVE PAULA BILLINGS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 24 hrs IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 LC CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ YES 🗌 NO NO [ 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC ) STREET NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 84 sow the deceased alive on obove, (I) (we) (did) (did not) viin , and that in (my) (our) opinian death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS MD. 23c. NAME OF CEMETERY OR CREMATORY CREMATION, REMOVAL 23b. DATE

CREMATION

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 NAM

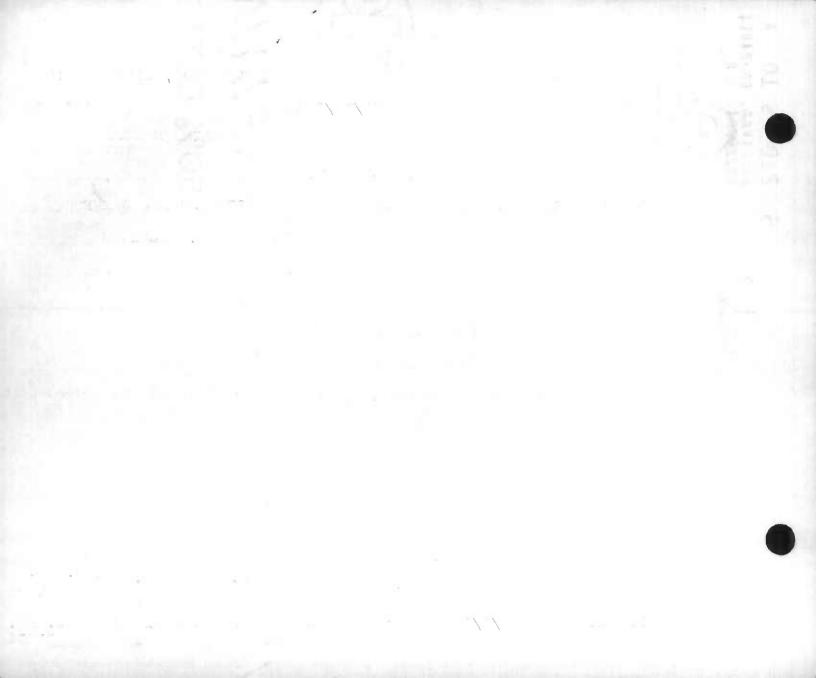
4/2/1984

JOHNS HOPKINS

600 N.WOLFE ST BALTO. MD.

BY REGISTRARIES REGISTRAR'S SIGNATURE 21205

ADDRESS

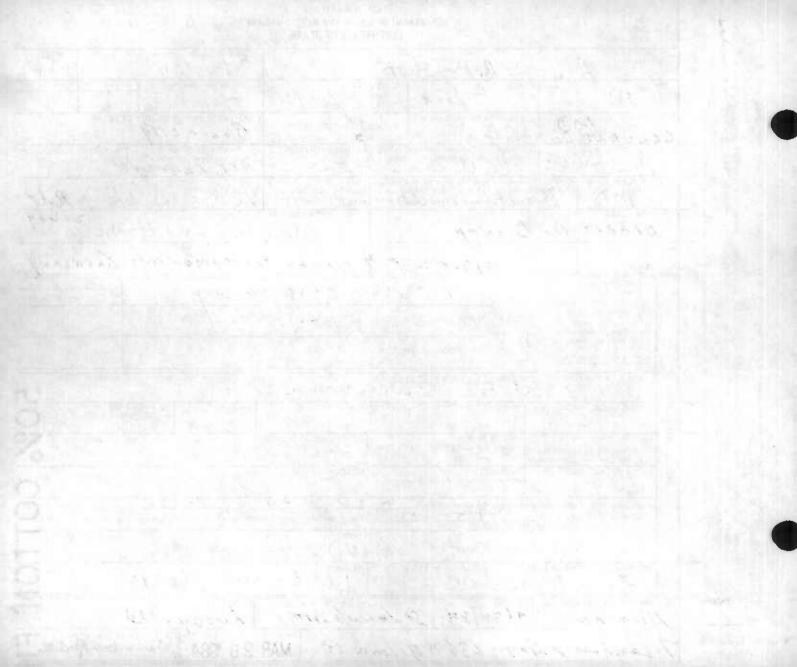


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

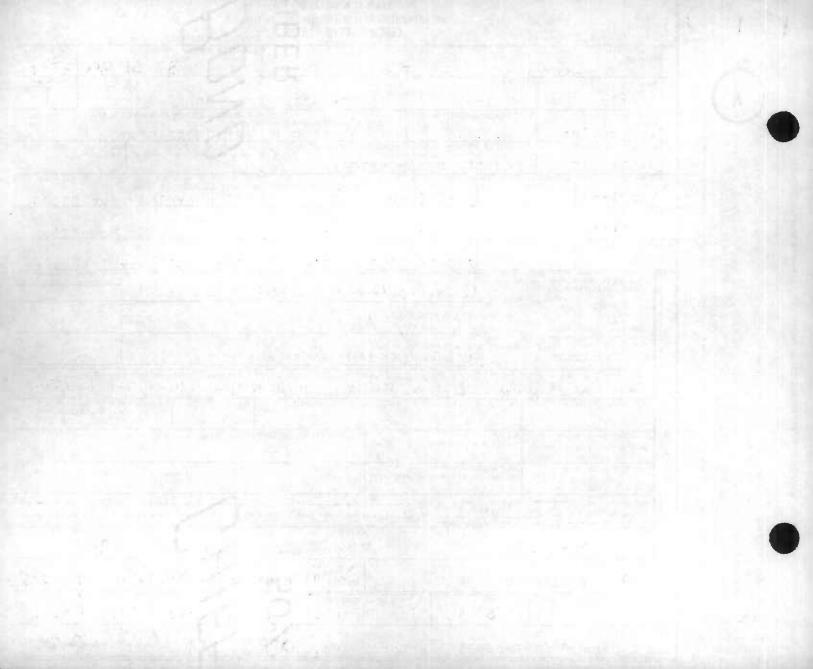


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGIS	TRAR			CERTIF	ICATE OF	DEATH	200	REG. NO.				
1	1. DECEASED		A	AIDDLE	t.	AST		20. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR	-	
1	TYPE OR PRINT	Lero	J		Rlac	10			3	31 84	+ 2 og 2	P M	
1	3 SEX		4. RACE		5. DATE C			6. AGE IN YEAR	LAST BIRTHDAY)	MONTHS DA			
	M	ale	B1a	ck	MONTH 9	26	21	6	2 YR		YS HOURS	MIN,	
7	70 BIRTHPLA	CE   STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER	MARRIED -	9 BALTIMORE	CITY OR COU	NTY OF DEATH		V-11-7-	
		arolina	U.S.		WIDOWE	D D	IVORCED K	BALTI	MORE C	CITY.		MD.	
	10 CITY OR T	OWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OC	CUPATION IR MOST OF WORKIN		OF BUSINE	SS OR	
	100	TIMORE		ECOURS		ITAL							
1	USUAL RESID	DENCE HE NURSING HOME OF		13c. CITY OR TOW		13d. INSIDE	CITY LIMITS?	13e.STREET ADI	DRESS / ZIP C	ODE			
		yland		Baltim	ore	YES X	NO 🗌	2629	Beryl	Avenue	2120	)5_	
и	4 FATHER'S	NAME FIRST	MIDDLE	LAST		15. MOTHER	S MAIDEN NA		AIDDLE		LAST		
И		illie 💮		Black			rah			McD	uffie	2	
		CEASED EVER IN U.S. AF	VE WAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRESS				
1	NO			249-18-	5993	Will	ie Mae	Black	2629	Bery1	Aveni	1e	
1		USE OF DEATH (Enter o		line for (a), jb), and			1	1.		BETWE	OXIMATE INTER	VAL DEATH	
1	PA	PART I. DEATH WAS CAUSED BY: Cardio - Dulmonay Arrest											
	17	4379 DUE TO, OR AS A CONSEQUENCE OF A											
	Cond	Conditions, if any, which ( (b) Respiritory Arrest											
ı		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
9	under	underlying cause last DUE TO, OR AS A CONSEQUENCE OF Bilaterel Cerebravascular Disean											
1	PART	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To											
	Sar Da	rome Kenal	failure:	Diabete	Rel	litus;	Hype	tension	Urina	ey track	Injectio	jh.	
)	5 19a. DA	TE OF OPERATION	19b. CONDI	ITION FOR WHICH	OR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	E							YES N	10	YES 🗌	NO [		
	21a. AC	CCIDENT WAS UNDERLYING		OF INJURY  .M. MONTH DAY YEAR				RED (ENTER NATUR	E OF INJURY IN ITEA	M 18 PART I OR PART	2)		
ì	OR COI	NTRIBUTING CAUSE OF DE	AIR		19								
		JURY OCCURRED	21e. PLACE	OF INJURY	211. LOCATION				ITY OR TOWN	COUNTY	5	TATE	
7	A) WOR		TAT HOME, ST	REET, FACTORY, OFFICE, F	ARM EIC )	RW ELC.)							
	220.1 c	220.1 certify that (I) (this hospital) attended the deceased from 3/2, 1984, to 3/3/1, 1								1. 1924	, that (1) (v	last	
	sa	saw the deceased alive an 2/2/ 19/57, and that in (my) (ow) opinion death accurred an the date and hour and above, (1) (wo) (did not) view the bady after death.									the causes sto	oted	
		226. SIGNATURE 0 0 00 0 DEGREE								. 4	ATE SIGNED		
		ATTENDING MEDICAL STA							STAFF PHYSICIAN	] [4]	1184		
1	22d. PF	HYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRE			0		1/2		
	1 1	ARI K. BH	ASIN M	.)		606	HAMMON	DS LANE	BALT	TIMORE	MD 21:	225.	
1		CREMATION, REMOVA	23b. DATE	23c. 1	NAME OF C	EMETERY OR	CREMATORY	23d LOCATE					
	(SPB U	RIAL	4/6/	84 Zi	on H	opewe	11 Ch.	Cem. City OR	Fairfi	eld,	s.č	TATE	
	24 FUNERAL			ADDRESS		Harry		TE REC'D. BY REG	ISTRAR 25 RE	GISTRAR'S SION	HATURE	41	
	I IVA			- CONTING			4.01		O MUNICIPAL PROPERTY AND ADMINISTRATION OF THE PROP	A . J MILHITAMA	ENCLANDED A F	NCT	

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm C March F/H Inc, 1101 E North Ave, APR 2

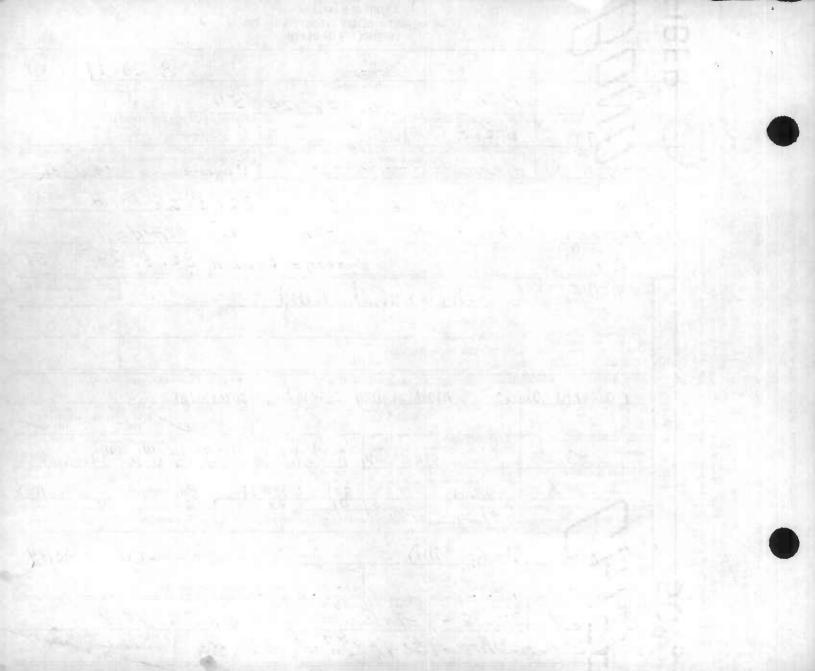


3331 Brehms Lane, Balto. Md. 21213

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(VRA 15, 4)

WIND RESERVANCE TO BUILD DESCRIPTION OF



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME LAST 2a. DATE OF DEATH 7b. HOUR TYPE OR PRINT **JESSE** F. **BOLLMAN** 84 1 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR ONTHS DAYS Male White 19 74 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY Balto, City Canada Canada WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. 2432 E. Baltimore St. Inspector Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. 2432 E. Baltimore St. 21224 YES [ NO [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Louis Bollman Stella August Hiles Mae 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 474 Scholfield Av. (YES NO OR UNKNOWN) 218-26-2579 A. Nelson Wellend, Ontario Mrs. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS P.M. 19 71d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) ottended the deceased from. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 226. SIGNATURE DEGREE ATTENDING REDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 3/19/84 Removal

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

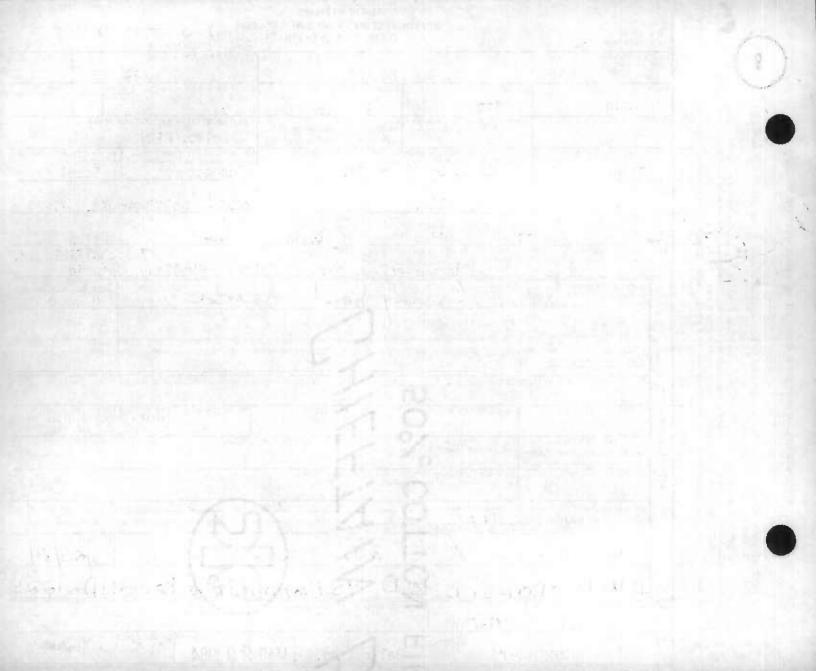
MEDICAL

Anatomy Board

ADDRESS Balto., Md.

MAR 2 8

750. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE in Navidson- Gandales



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE KNOWN X DECEASED NAME YEAR 26 HOUR MONTH (TYPE OR PRINT) ESTI-Kevin Patrick Bond DEATH MATED 1984 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR 5:00 LAST BIRTHDAY PRONOUNCED 1084 DEAD 3 - 27YRS p.M Male White 9-1-66 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K Balto. Md. U.S.A. WIDOWED [ DIVORCED Baltimore City, Q CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Johns Hopkins Hospital Baltimore Sales Person Town & USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY Baltimore 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4308Powell Ave. -21206 Md YES NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Henry Garner Patricia Bond IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 4308 Powell IT. PAGES I (YES, NO OR UNKNOWN) 215-84-0917 Marian H. Christensen 21206 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: Stab wound of Chest MAMEDIATE CAUSE (a) OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN USED AS / FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [ 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURY MONTH DAY YEAR XOR UNDERLYING 3 - 2719 84 subject was stabbed CONTRIBUTING CAUSE OF DEATH 4 . OOP.M. 21e PLACE OF INJURY (ATHOME 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK MARYLAND, 21201 2000 blk. Gough St., Baltimore, Maryland street PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Autapsy XX 22a. I certify that, I took charge of the remains described above, held on Inspection and in my apinian Homicide XX death resulted from: Undetermined monner Natural couses Accident Suicide TITLE (SPECIFY) ACTUAL 3-28-84 Assistant EXAMINER'S NAME 111 Penn Street Dennis F. Smyth M.D. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION REMOVAL 236 DAJE 30-84 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Stewartstown Cem. Stewartstown, Penna. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR JOB SEGISTRARS SIGNALIRE **DHMH** - 17 John C. Miller Inc-6415 Belair (VR A15 ME (5)) 20M 4/82

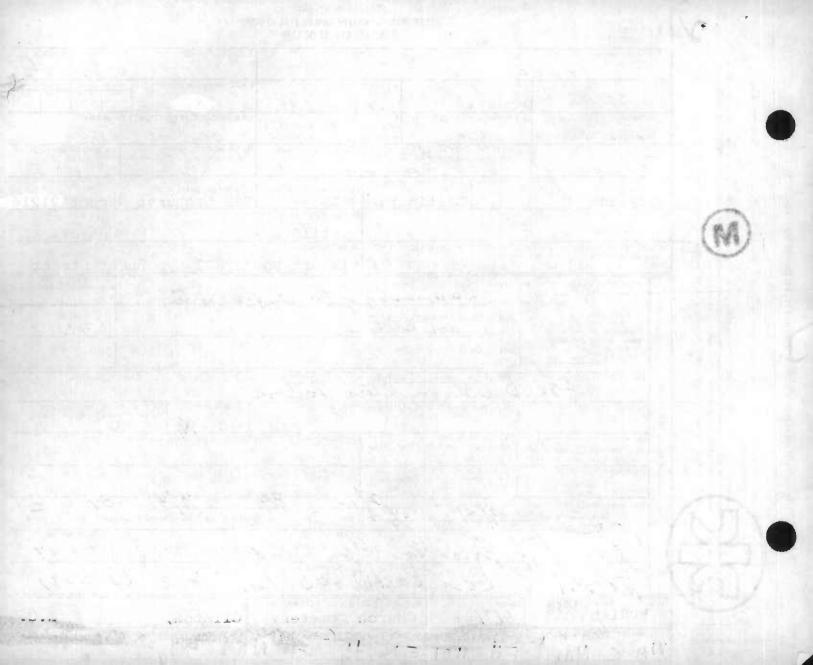
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er Maria Maria Maria Andrea de Cara de A Company of the Comp and moderate re-

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5	1-	FOR STATE					H AND MENTAL H		(1)			
		REGISTRAR		WEL		MINEK'S	CERTIFICATE O	KEO	. NO.			
		CEASED NAME	FIRST		WIDDLE		LAST	20. DATE KNOWN OF ESTI-		DAY YEAR	26 HOUR	
LESS. S.S.			Will		W.		Booker	DEATH MATED		5 19 84		
35 E 5 E	3 SE		RACE	5. DATE OF BIRTH	YEAR LAST B	IN YEARS IF U		24 HRS. 2c. DATE MIN PRONOUNCED	HTHOM	DAY YEAR	8:22F	
NZ OUR	Ale	rle 1	Phite	July 11,	1913   70	YRS.		DEAD	3	5 1984	M	
A SEL Y SES		IRTHPLACE (STAT	E OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MAR	RIED NEVER MARRI	BALTIMORE CIT	Y OR COUNT	Y OF DEATH	1	
NECESSARY, PLEASE FUNERALD INECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,		anyland		USA	1	WIDO		2854	ore Cit	У,	MD.	
WANE)	10 C	ITY OR TOWN O	DEATH	11. NAME OF HOSE	PITAL, NURSING H			120. USUAL OCCUPATION		COM INTO LICE		
PARA SA	1	Baltimo	re	228 E.			Balto.Md.	Watchman,	.S.Yow	ig (0.		
E SOUND OF SE				OR OTHER INSTITUTION, GIV		MISSION)	138. INSIDE CITY LIMITS?	134 STREET ADDRESS				
A SEEDED TO	0.0	aruland	138. COOK		Baltimo	re	YES NO	136. STREET ADDRESS	St. Ba	lto.Md.	21230	
9 10-11-11		ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME				
- SEE SEE	1	FIRST	Unkr	rown	LAST		FIRST UNROWN LAST					
TIMO TOWN	160	WAS DECEASED	VER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR				
RS AFTER I. GIVE PA WITH FOR	1	YES, NO, OR UNKNOW	(IF YES, GIVE	WAR OR DATES	214-03-	2112	Rosalie M	wir, 1102 Will	iam St.	.Balto.	M.	
S S S S S S S S S S S S S S S S S S S		18 CAUSE OF	DEATH (Enter on	ly one couse per line	for (a), (b), and (c)	.)					TE INTERVAL	
ON ST. 24 HOU ITEM 18 LONG V PERMIT GIENE, R		PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (a) A	rterioscl	erotic	cardiovaso	ular disease		SEIWEENONS	ELANDREATH	
		1429	12 MARCHA		AS A CONSEQUE							
101 W. PRESTON ST TED WITHIN 24 HOI N PENCIL IN ITEM NEWNER ALONG AL. TRANSIT PERMI MENTAL HYGIENE, N, OR REMOVAL.			if any, which to immediate	(b)								
¥ 325€58		cause (a) st	ating the under-		AS A CONSEQUEN	ICE OF					1000	
M D= W = 00		lying cause	lost.	(c)								
EXECUTE A BURY		PART 2 OTHER SIGN	FICANT CONDITIONS		BUT NOT RELATED TO TH	TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a).				
RECORDS, De EXECT PENDING, MEDICAL O AS A BUIL EALTH AN CREMATI	20											
A STANCE	7 3	190. DATE OF C	PERATION	196 CONDIT	ION FOR WHICH	OPERATION V	WAS PERFORMED?		4	20 AUTOPS	Y?	
F VITAL RE TE SHOULD WORD "PE HE CHIEF A BE USED. BURIAL, C	1 Ĕ									YES 🗆	NO IX	
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DIVISI THIS CERT WARDED PAGE 3 SH TATE DEPA	2	AT WORK	NOT WHILE	3	ONT, FARM, ETC.)	5	JINCLI	CITORIOWN	COC	UNIT	STATE	
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THE STATE OF THE S	4	EXAMINER'S N (TYPE OR PRINT	AME Mar	garita A.	Korell,	M.D.	_ADDRESS111	Penn st. Bai	lto.,MD			
TO MEDICAL EXAMINER: THE ERFUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2.	23a. l	BURIAL, CREMATI					OR CREMATORY	23d LOCATION	COU	UTV .	CYATEA	
BP		SPECIFY) Bur	ial .	March, 8, 19	984 Glen	Haven	Mem. Park	Glen Burnie,	A.A.(0	·Maryla	ind	
DHMH - 17	24 1	UNERAL DIRECT	OR			21220	25e. DATE	REC'D. BY REGISTRAR 256	EGISTRAR'S S	IGNATURE!	2	
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(VRA 15, 4)



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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

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ge 3 epth		CEASED NAME FIRST GEORGE	GEORGE GE	MIDDLE BOWI	Boo	wler	20. DATE OF DEATH  MARCH		1984 805
0.0	3. SE)		4. RACE White	е	5. DATE O	F BIRTH DAY YEAR	6. AGE TIN YEARS LAST BIR		UNDER 1 YEAR OF UNDER 2
unerol dir	V	RTHPLACE ISTATE OR FOREIGN OUNTRY). 1 rginia	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIED WIDOWE	PEVER MARRIED	9. BALTIMORE CITY O Baltimo		
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2 long	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	213 09 1		Catherine B	owler, Wife		me
r signed by the arrest then please remove of the burnol, cremotion njury, or other froum	NOI	Conditions, if ony, which gave rise to immediate couse lal, stotling the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	(c)	CITT HOS	EATH BUT	Diabetes Me	ellitus, hear	+ Failure	DAYS VEARS IN PART 110
nsit permit. I	les .	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH (			200 AUTOPSY?	YES [	/ERE FINDINGS USED IG CAUSES OF DEATI
s the buriol-transit h and Mental Hygier rked or Item 18 sho	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEI (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE AL WORK ALWORK	P. 21e. PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, FA	19	21c. HOW INJURY OCCUR  211. LOCATION STREET	RED (ENTER NATURE OF INJUR		ORPART?)  COUNTY ST
detoched for use of the other Dept. of Healt		27a.1 certify that (I) (this hosp saw the deceased alive an abave, (I) (we) (did) (did no The SECHATURE				d that in (my) (aur) apinion DEGREE	death occurred an the do	F	that (I) (wand from the causes state 22c. DATE SIGNED
hould be with the S	23a. B	GCOTGE DURIAL, CREMATION, REMOVAL	MAIRKI 23h DATE I	23c.N	AME OF CE	27e ADDRESS  BCH  METERY OR CREMATORY	123d tocation		
2	()	Murial	3/16/	84	ak La	wn Cemetery	Baltimor	e Co., c	ST ST

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and the same and the	

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT WILLIAM 3 SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS AONTHS DAYS HOUR5 YEAR Male Black 69 To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED N. Carolina U.S.A. WIDOWED DIVORCED | Baltimore City, 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore LUTHERAN HOSPITAL USUAL RESIDENCE (IF NU-OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21213 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 1902 N. Patterson Park Ave Maryland Baltimore YES NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Samuel Boyettee Della Lewis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO. 17. INFORMANT son Pk. Ave. (YES NO OR UNKNOWN) LIFYES, GIVE WAR OR DATEST 238-18-6057 Yes Annie Gertrude Boyette 1902 N.Patter APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line (or) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 ASA CONSEQUENCE OF she autet obstruction Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION rcinema 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES -NO YES -NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended he-deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on. above. (I) (we) (did) (did not) new the body after death. 22h: SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274, PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Gebremariaus MAGRE 230. BURIAL, CRÉMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE SPEBURIAL Garrison Forest VA Owings Mills, 4/5/84 Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

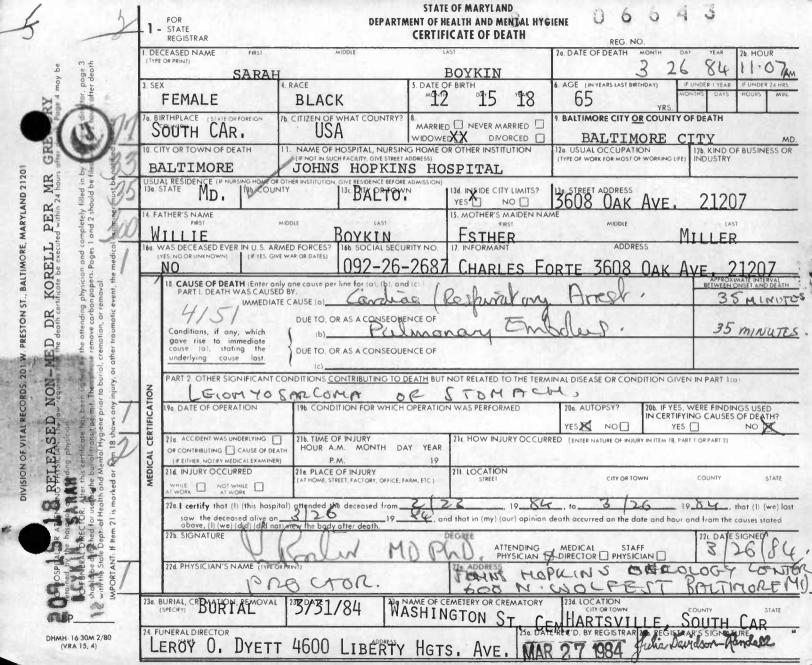
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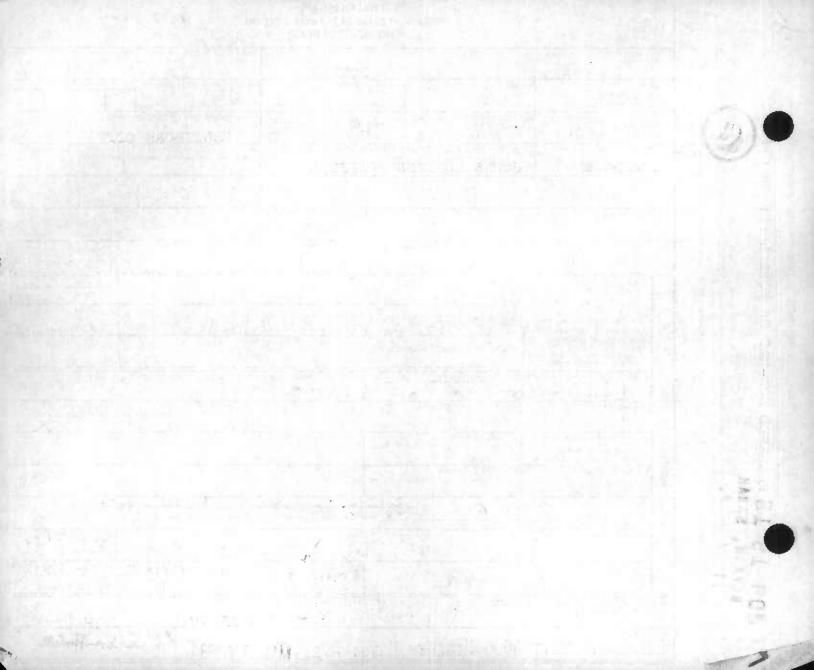
24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 Des North Avenue

256. DATE REC'D BY REGISTER 256. REGISTING SIGNAT

- Viller Hoy all a tragado - alla la Elettralia la Benglind and Pha Child





FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTHWIND MENTAL HYGIENE CERTIFICATE OF DEATH

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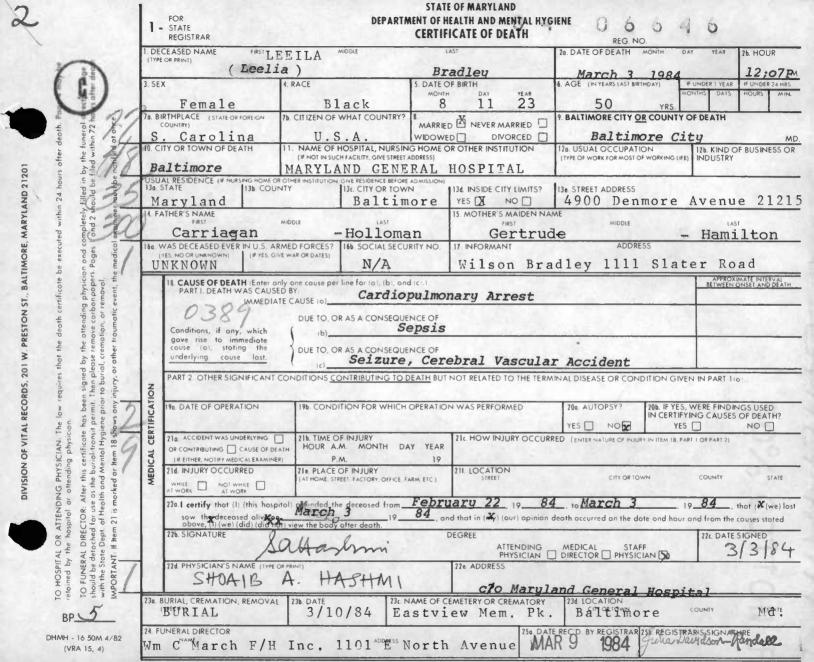
	REGISTRAR			CERTIF	ICATE OF DE	AIN	REG.	NO.		
	ECEASED NAME FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
L C	JOHN	WH	ITE	BRA	ACH			3-3	-84	910p
. 51	EX	4 RACE		5. DATE C			6 AGE (IN YEARS LAST I		F UNDER I YEAR	IF UNDER 24 HRS
,	MALE	WH	ITE	11	04	10	73	YRS.	DNIHS DAYS	HOURS MIN
0.1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR'	Y? B.	D X NEVER MA	-	9 BALTIMORE CITY		OF DEATH	
	MARYLAND	U.	S.A.	WIDOWE		RCED	BALTIMORI	E CITY		,
0 (	CITY OR TOWN OF DEATH	11. NAME OF		SING HOME C	OR OTHER INSTIT		120 USUAL OCCUPA	TION	126 KIND C	F BUSINESS C
	BALTIMORE	ST.	AGNES I		AT.		PROPR I		BAR	
E.	JAL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTION		ORE ADMISSION)	113d INSIDE CITY	/ Illiantes	13e. STREET ADDRESS			
		TIMORE	ARBUTI			IO K	5824 HER		E. 212	27
F	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S M		ΛE			
	PHILLIP	WIDDLE	BRACH		ALI		WIDDLE		WHI	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADD	RESS		
	Take a second se	WII	215-03	3-1128	DOLORE	S JEAN	BRACH 58	24 HEROI	N DRIV	E. 212
Ī	18 CAUSE OF DEATH (Enter	anly one cause per								MATE INTERVAL
	PART I. DEATH WAS CAL	ISED BY	ARKED .	BILAT	KRAL B	Romer	to PNEUM	WIA	24	WEEKS
	49/00		r as a conseo							
	Canditians, if any, which	( b) C	HRONIC	OBST	PUCTIVE	PILL	10NARY DI	SEASE	YEAT	25
	gove rise to immediate cause (a), stating the		R AS A CONSEO						210	
	underlying cause last.	(0)	ROBANIY		DNIC SM	OKINE			YEAT	25
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO					NDITION GIVE	N IN PART 1	0
CERTIFICATION										
5	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORA	AED .	200 AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED
1							YES NO	YES	ING CAUSES	NO
ŝ	210. ACCIDENT WAS UNDERLYING	1100110	F INJURY M. MONTH	DAY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT   OR PART 2)	
5	OR CONTRIBUTING CAUSE OF	DEATH		19	6					
MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE	E EADAN SYC	211 LOCATION		CITY OR	IOWN	COUNTY	STATE
	AT WORK	(A) HOME SIR	EET, PACTORT, OFFICI	E FARM, EIL }	31110		5117 04			37816
	220.1 certify that (I) (this ha	spital) attended the	e deceased fram	1		19	, to	, 1	9	that (1) (we) le
	saw the deceased alive abave, (I) (we) (did) (did	onnat) view the body	after death.	, ar	nd that in (my) (a	ur) apinian d	leath accurred on the	date and haur	and from the	causes stated
	226. SIGNATURE	)//	•		DEGREE			Manager 1	22c. DATE	SIGNED
	lex	1 (12	n			YSICIAN [		AFF ICIAN	13/	3/84
	22d. PHYSICIAN'S NAME (11)	PE OR PRINT)	Λ Α		220 ADDRESS	- 13		1 2 1	0	67
	OK DON	10 K	IM		5	7. 179	enes to	Sm Cel	, Bal	tough
o	BURIAL, CREMATION, REMOV	AL 236. DATE	230	. NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		7 80	
	(SPECIFY)						CITY OR TOWN			
	BURIAL	03-06	-84	LOUD	ON PARK			RE CITY	COUNTY	ARVIANI
F	BURIAL FUNERAL DIRECTOR	03-06			ON PARK 1229	250, DATE	BALTIMOI RECID. BY REGISTRA		M	ARYLANI
			ADDRESS	2	1229	250, DATE	BALTIMO		M	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	-	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND I	MENTAL HYG	IENE REG. NO	0.			
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	be eath			SEPHINE	V .	BRA	DLEY	100	MARCH 3,	1984	9:30 M		
	1	3. SE	X	4. RACE		5. DATE O		YEAR	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1	YEAR IF UNDER 24 HRS.		
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6	by the	BZ	LTIMORE	A	ND GENERAL		PITAL		(TITE OF WORK FOR MOST O	WORKING EDE) INDO	SIKI		
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N O	Pog e		YES, NO OR UNKNOWN) UNKNOWN	S, GIVE WAR OR DATES)	N/A		Wanda	I. Br	adley 983	O Clanfo	ard Pond		
ALTI	te b person		II. CAUSE OF DEATH (Ent	er anly one couse pe			, and	<u> </u>	acrey 703		PPROXIMATE INTERVAL		
20	phys npak mavent,		DARTI DEATH WACCA	LICED DV	CARDIOPUL		Y ARRES	ST.			THE CHOICE AND DEATH		
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STO	death attend atten, c		Conditions, if ony, which		OR AS A CONSEQUE PULMONARY		LURE						
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DIVISIÓN OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	by the		underlying couse los	I DUE TO, U	CHRONIC I		FAILUR	E					
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SDS,	Then to b	No.	HYPERTENTION, DIABETES MELLITIS										
Ö	Prior ony	CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHICH				20a. AUTOPSY?	20b. IF YES, WERE F			
2	hos hos	Ę							YES NOM	IN CERTIFYING CA	NO []		
<u>                                     </u>	S S S S S S S S S S S S S S S S S S S	1 2	21a. ACCIDENT WAS UNDERLYIN		OF INJURY		21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	1-2			
0	A d f t o c		OR CONTRIBUTING CAUSE C	A DEATH	A.M. MONTH DA P.M.	AY YEAR							
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N N	ond sed the	X	WHILE NOT WHILE E	[AT HOME, S	STREET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TO	WN COUN	ITY STATE		
5	A Att		22s.1 certify that (h) (this i	nospital) attended t	the deceased from_	FEBRU	ARY OF	19.84	to MARCH 3	, 19.84	, that (I) (we) lost		
	TEN TOR Of He		saw the deceased pliv obove, (1) (we) (did) (d	xx	19	, on	d that in (my)	(our) opinion o	leath occurred on the de				
	REC AT		22h. SIGNATURE	(That) view the bod	ly offer death.	0	DEGREE			27c.	DATE GNED		
	the Detrock		XQ	Utash	- 1/1	D.		TTENDING PHYSICIAN	MEDICAL STAI		16/24		
	by by	1	224 PHYSICIAN'S NAME (	TYPE OR PRINT)			72e ADDRES		DIRECTOR FITTSIC	TANA T	701		
٠	o HOS etained should with		SHOAIB	A. 4	MHPA	1	010	WADVE	ND CENEDAL	HOCDIMAL			
	Short	230	BURIAL, CREMATION, REMO	VAL 236. DATE	173c h	NAME OF C	EMETERY OR (		AND GENERAL	HUSPITAL			
	BD 14		BURIAL	3/7				al Cer	CITY OF TOWAR	more. COUNTY	Md.		
	DI		UNERAL DIRECTOR										
	DHMH - 16 50M 4/83 (VRA 15, 4)		m C March F	/H Inc	1101 P.	Norti	AVET	MAI	REC'D. BY REGISTRAR	relia Davidson	-Handelle		
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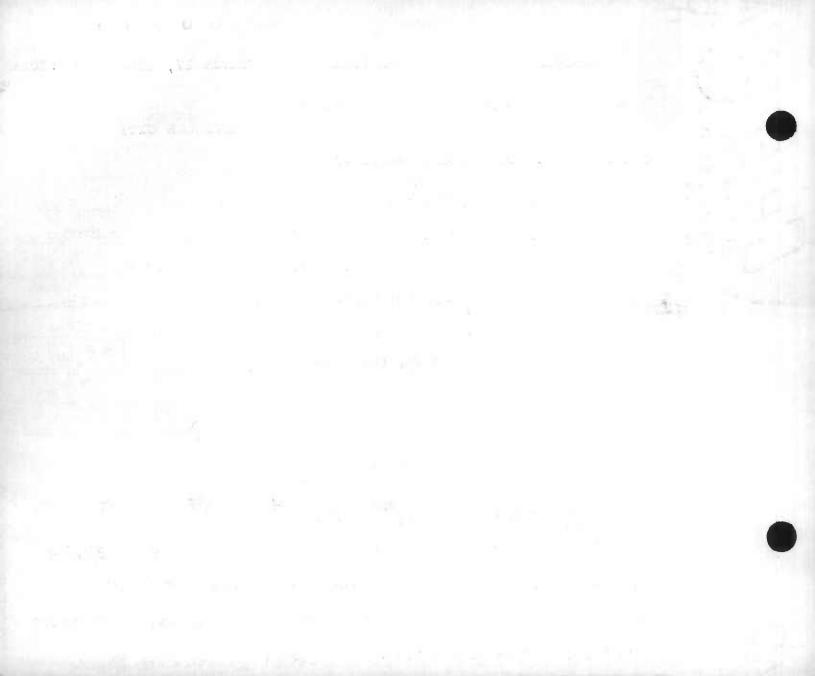
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

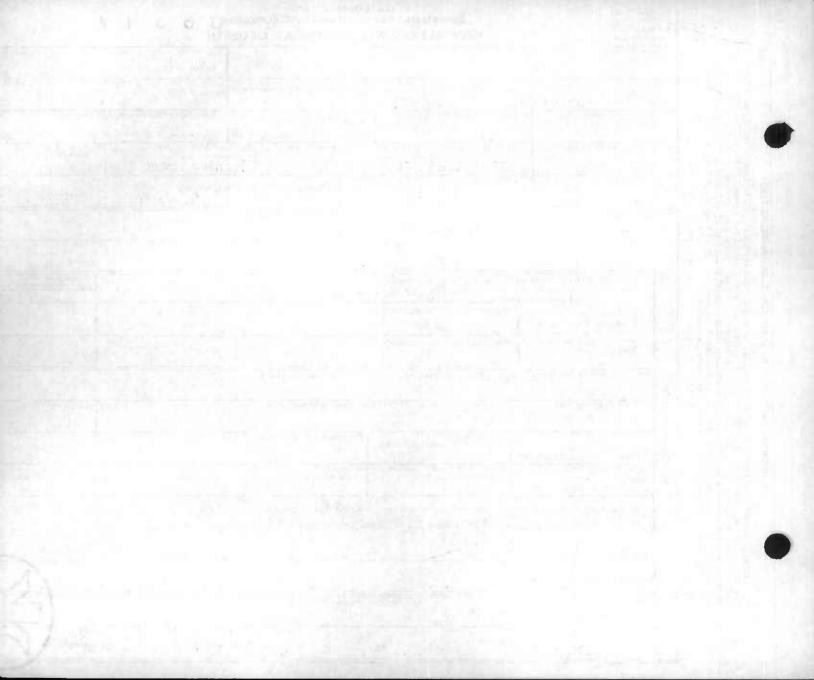
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	14.5	REGISTRAR			CEKTIF	ICATE OF DEATH	REG. N	iO.			
		CEASED NAME BARBAR	A ^	G		ANDON	MARCH 1	7, 198		26. HOU 01:	20am
	3 SEX	X .	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER	24 HRS
-	84	FEMALE	WHITE			BER 22, 1924	59	YRS.	JA13	, nouns	Wild.
		IRTHPLACE (STATE OR FOREIGN COUNTRY) TEXAS	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY				MD
	24	ALTIMORE	II. NAME OF I	iopking /	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEMAKE	OF WORKING LIFE)	126. KIND O INDUSTRY		
×	13a, S	AL RESIDENCE (IF NURSING HOME OR STATE 135 COUN MD HARFO	1TY	134. CITY OR TOWN HAVRE de (	N	YES 🕅 NO 🗌	130.STREET ADDRESS 950 CHESAPE		:	2107	78
49/	,4. FA	11101	WIDDLE	GOUDGE		15. MOTHER'S MAIDEN NAM FIRST IRENE	MIDDLE		BOWER	ST MASTER	2
÷		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	ESS			
49	8-	NO		460 30 899	97	MR. PAUL W. BRAN	NDON, SAM	E AS #13e		XIMATE INTE	
	Z	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	(b) DUE TO, OI	R AS A CONSEQUE POSSIBLE R AS A CONSEQUE MULTIP	NCE OF LE M	YELOMA	NDITION GIVEN	~ 18 hours. ~ 8 years.			
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc				
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 48 ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AL WORK	21e. PLACE ( (AT HOME STR	M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE F.	19	21c HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF IN)		PART I OR PART 2)  COUNTY		STATE
	3	22a I certify that (I) the haspi sow the decease give on above (I) we fold take in 77b SIGNATOR	17/17	to 3117  death occurred on the o				ve)lost oted			
-		ALISON FRET	tern		M	D ATTENDING PHYSICIAN DE 220 ADDRESS  JOHNS HOPKINS	DIRECTOR PHYS		Д <b>У</b> // ДД.	1187	
		BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1	COUNTY		STATE
		BURIAL	19MARCH	184 AN	GEL HIL	L CEMETERY	HAVRE de C	RACE, HAF	RFORD,	MARYL	
		uneral director ITCHELL FUNERAL HOM	E PA, HAVE	RE de GRACE	, MD.		REC'D. BY REGISTRA	R 25b. REGISTRA	R'S SIGNA	TURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.





Anna MARIE Brajer  3. SEX  1. RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  OS - 19 - 89  YES  1. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  WIDOWED DIVORCED DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORC	DAYS HOURS MR
1. DECEASED NAME FIRST MIDDLE LAST 20, DATE OF DEATH MONTH DAY  AND ARCE S. DATE OF BIRTH  AND YEAR OF JAY YEAR  3. SEX  1. RACE  3. SEX  1. RACE  3. SEX  1. RACE  3. SEX  1. RACE  3. DATE OF BIRTH  MONTH DAY  YEAR  OF - 19 - 89  1. BIRTHPLACE (STATL OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? NORTH DAY)  WIDOWED DIVORCED  1. DECEASED NAME  1. SEX  1. RACE  5. DATE OF BIRTH  MONTH DAY  YEAR  OF - 19 - 89  9. BALTIMORE CITY OR COUNTRY OF DEATH  WIDOWED DIVORCED  1. DEVER MARRIED	THE ARE IN UNDER 24 HR DAYS HOURS MIN
3. SEX  1. RACE  3. DATE OF BIRTH  MONTH  MONTH  DAY  YEAR  OS - 19 - 89  1. BIRTHPLACE  COUNTRY)  1. BIRTHPLACE  COUNTRY)  1. CITIZEN OF WHAT COUNTRY?  MARRIED  MARRIED  MONTH  MARRIED  MARRIED  MARRIED  MIDOWED  MONCED  MONCED  MONCED  MONTH  MO	TIYEAR IFUNDER 24 HR DAYS HOURS ME ATH KIND OF BUSINESS CUSTRY
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MARRIED NEVER MARRIED DONCED D	KIND OF BUSINESS O
The City or Town of Death  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IT NOT HOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IT NOT HOW OR WORKING LIFE)  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IND  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IND  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IND  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IND  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IT YES OF WORK FOR MOST OF WORKING LIFE)  (IT YES OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR	KIND OF BUSINESS C
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USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13d INSIDE CITY LIMITS?  13e. STREET ADDRESS, ZIP CODE  14. FATHER'S NAME  15. MOTHER'S MAIDEN NAME.	- ikanaz
Annedraval Glen Bennie YES NOD RT Box 96 B	
	21061
B E FIN STOKE WILL I NOWN	LAST
3 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	SEC VE
NO - 216-05-5661 Coater Bruan phone soi-	
PARTI, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL
IMMEDIATE CAUSE (o) Sepera	24 hrs
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Acute Blatuch Precumenta	2 Days
gove rise to immediate couse Io), stating the DUFTO ORAS A CONSEQUENCE OF	
underlying couse last. (c) Colonic Obstruction	?
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P	ART lia
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? 206 IF YES, WERE	
YES NO YES NO YES	AUSES OF DEATH?
Z.E. Z.E. Z.E. A. B. C.	ART 2)
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216 INJURY OCCURRED  216 PLACE OF INJURY  211 LOCATION	
(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY ON TOWN	INTY STATE
White Not white At work At wor	
sow the deceased alive on 3/11 and that in (my) (nur) animing death occurred on the date and bour and	om the causes stated
obove, (I) (we) (did) (did not) view the body ofter deoth.  276 SIGNATURE  DEGREE  276	DATE SIGNED
O P O P O P O P O P O P O P O P O P O P	BATE SIGNED
27h SIGNATURE  O u O u O u  ATTENDING MEDICAL STAFF	3/11/84
TYPE SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF	BATESIGNED  3/11/84
276 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR	DATE SIGNED  3/11/84  5.MD.
276 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE	3/11/84 5. Md.

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pe 4 may	3. SE		4 RACE	hite	S. DATE C		VEAD	6 AGE (IN YEARS	LAST BIRTHDAY) YRS.	IF UNDER TYEA	
1 may 25		RTHPLACE (STATE OR FOREIGH OUNTRY) Maryland	U.S.		WIDOWE		VORCED _	Balt	imore Ci	ty	WI
by the filed with	1	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NUR CH FACILITY, GIVE STR	Hospita		TITUTION	126 USUAL OCC ITYPE OF WORK FOR Homemak	MOST OF WORKING LIF	12b. KIND INDUSTRY	
ithin 24 hourstelled in 2 should be	13a. S	aryland THER'S NAME	Baltimora	Caton:			NX DEN NA	WE	dridge W	ay	21228
xecuted w		HENTY VAS DECEASED EVER IN U.SES, NO OR UNKNOWN) (IFY)	MIDDLE  S. ARMED FORCES? ES. GIVE WAR OR DATES!	P1e:	<b>PSON</b> CURITY NO.		Mary NT		ADDRESS	Vord	emberge
icote be e: hysicion or popers. Pog ovol.		No  18 CAUSE OF DEATH (Entire PART I, DEATH WAS C)	er anly one cause pe	216-46-		Howa:	rd B. B	rawner	Same a		DXIMATE INTERVAL N ONSET AND DEATH
ING PHYSICIAM: The law requires that the death certificate be executed within 24 hours oftending physician.  Which this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbon-popers. Pages 3 and 2 should be filled in by as the burial-transit permit. Then please remove corbon-popers. Pages 3 and 2 should be filled in the and Mental Hygiene prior to burial, cremation, or removal.		Conditions, if any, whice gave rise to immediate couse (a), stating the underlying couse loss	b (b)	OR AS A CONSECUTION	QUENCE OF	lerosi					
he low require on hos been sign t permit. Then	CERTIFICATION	PART 2. OTHER SIGNIFICATION  190. DATE OF OPERATION	e quelme	nery &	mbol	Eus	faret		? 20b. IF YES	WERE FIND	nonea
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UDING PH or often or ofter thin use as the tealth and use	ME	WHILE NOT WHILE AT WORK 226.1 certify that (1) (this	(AT MOME, ST	REET, FACTORY, OFFI	m 8/1	STREET		, to	Y OR TOWN	COUNTY	state , that (I) (we) los
the hospital the hospital the hospital the hospital that DIRECTOR the efforts of the Dept. of the term of the		sow the deceased alinabove (11) well did it	id not; view the bady	rafter death.		EGREE	ATTENDING PHYSICIAN	MEDICAL	STAFF		E SIGNED
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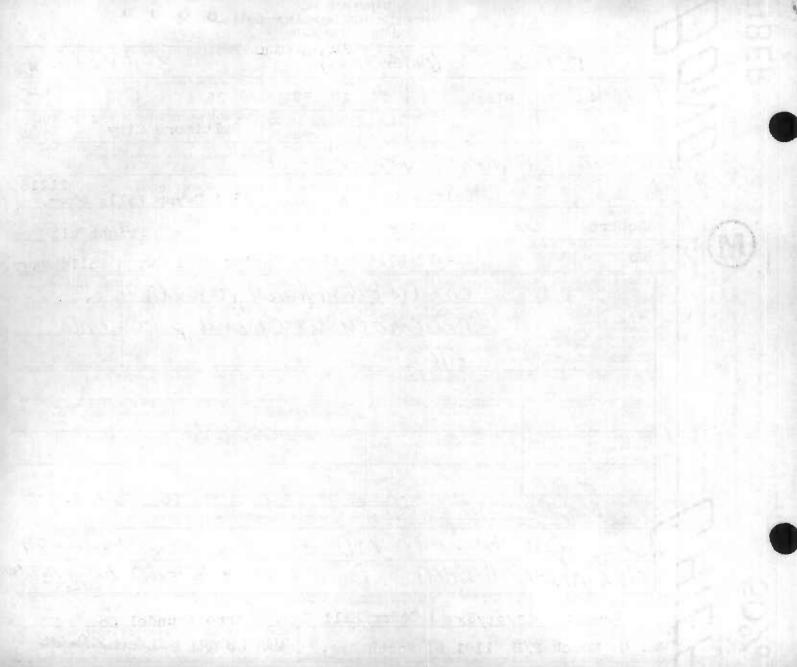
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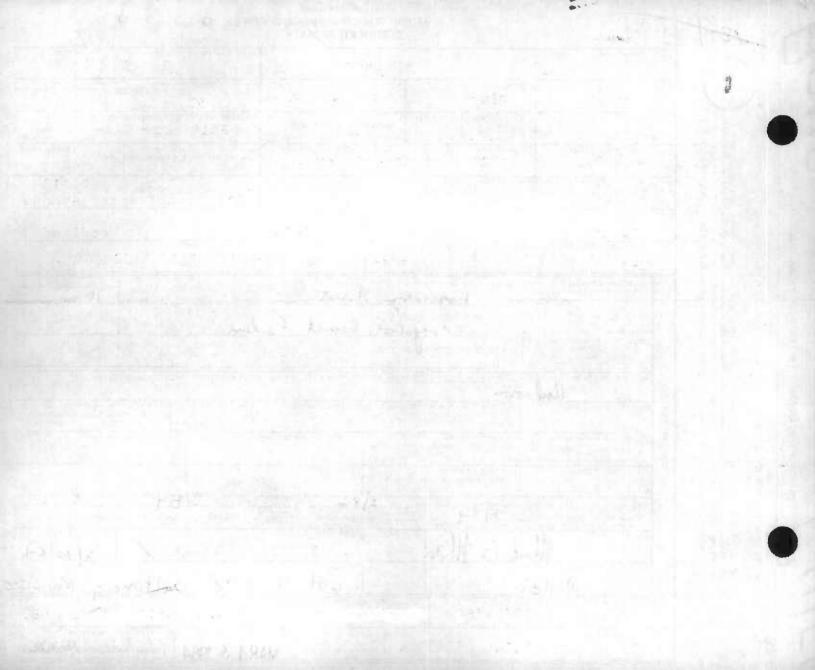
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m r		CEASED NAME	FIRST		WIDDLE		IAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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25	Pa. BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8. MARRIE	D NEVER M	ARRIED 🖔	9 BALTIMORE CITY O	_		
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medicol		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMAN	NI.	ADDRE	SS		
		NO	(# 123, 0142	WAR OR DATES			Mabel	Masor	1700 Co	11i1	ngton A	venue
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		Conditions, if any, which ( 16) Acute Manamyelocytic Leukemia 0415										
or other troumotic		gove rise to im- couse (o), stotu- underlying couse	ng the	DUE TO, O	R AS A CONS			C				
injury, or	Z	PART 2 OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTING	O TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION (	GIVEN IN PART 11	0
Spiny in	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		YES, WERE FINDING CAUSES	
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or them the sho	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI	CAUSE OF DE AT			DAY YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM	TS PART 1 OR PART ?)	
	ED	21d. INJURY OCCUR			OF INJURY REET, FACTORY, OF	SEICE FARM FTC )	211. LOCATIO	N	CITY OR TO	IWN	COUNTY	STATE
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is morked		22a I certify that (I)				-	3/14	, 19 84	. to 3/20		19 54	that (we) lost
21		sow the deceos obove, (I) (we)	ed olive on	) view the body	ofter death.	19_84_,0	nd that in (my) (	our) opinion d	eoth occurred on the d	ote ond h	nour and from the	causes stated
Hem		226. SUGNATURE	1)				DEGREE				22c. DATE	SIGNED
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<u> </u>	230 E	BURIAL, CREMATION,	REMOVAL	23b3DATE 4	/84	23c NAME OF C	EMETERY OR C	Mem P	k Laurel		COUNTY	M diate
4.00	24 FI	UNERAL DIRECTOR		.1.				250. DATE	RECO BY REGISTRAR	25h. REG	ISTRAR'S SIGNAT	URE
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15	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYGI	ENEO 6	) 5 4	j	
may be poge 3	(TYP	CEASED NAME FIRST DEN		(BR	iGHT	104		20. DATE OF DEATH	MONTH DA	S84	26 HOUR 840AM
4 m Thor. p	3. SE	FEMALE	4. RACE Blace		5. DATE O		58 <sup>AR</sup>	6. AGE (IN YEARS LAST	YRS.	FUNDER I YEAR	HOURS MIN.
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AND 213 Hilled in Double by	USU 13a	AL RESIDENCE (IF MURSING HOME OF STATE MD	OTHER INSTITUTION	13c CITY OR TOW Baltimo	ore	134 INSIDE CITY	LIMITS?	3501 Gw	ynn Fa	alls F	21216 kwy.
MARYLIN MARYLIN	14. F.	Robert :	Lee	Ťayl	or	15. MOTHER'S A Ba.	nalden nam rbara	AE MIDDLE	Br	ightf	i i
BALTIMORE, MARYLAND Topics the executed within 28 typics of the control of the co		WAS DECEASED EVER IN U.S. AR YES (16 YES, GIT	MED FORCES? (E WAR OR DATES)	214-72-		Barba:			RESS 1 Gwyn	n Fal	ls Pkwy.
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AL RECOI	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH	OPERATION			YES NO	IN CERTIFY YES		
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir otherding physician. (fer this certificate has been signs at the burnol-tronsit permit. Then th and Mental Hygiene prior to b orked or fee Il 8 shows any injury	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)  2)d. INJURY OCCURRED	HOUR A		AY YEAR	211 LOCATION		ED (ENTER NATURE OF II			
TTENDI or tool or tool of Heal	WHILE NOT WHILE 270. I certify that (1) (this hosp saw the deceased alive or obove, (1) (we) (did) (did not	tol) offended th	16 198	3-	d that in (my) (o	19 <u>84</u> ur) opinion d	, to, to	16 1	/	that (I) (we) lost couses stated	
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(VRA 15, 4)



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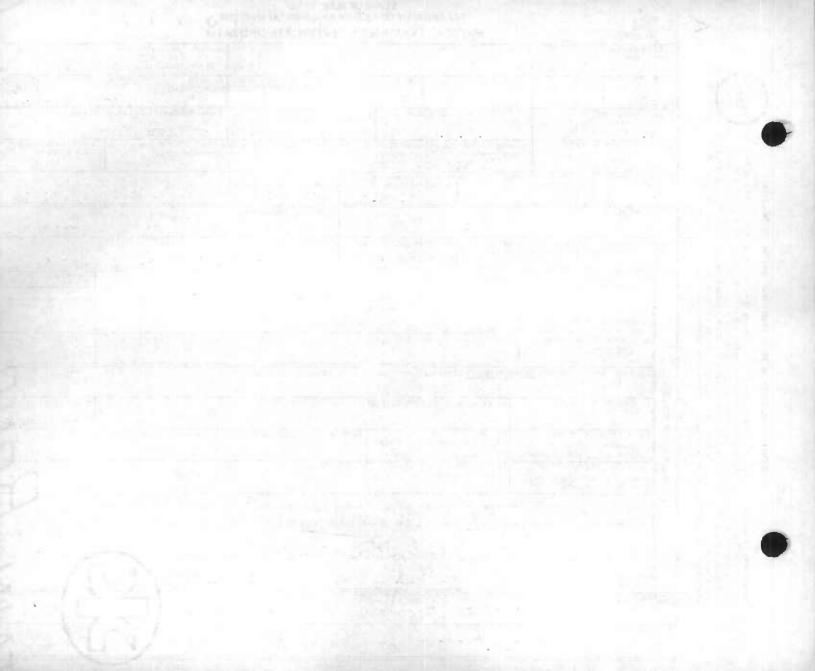
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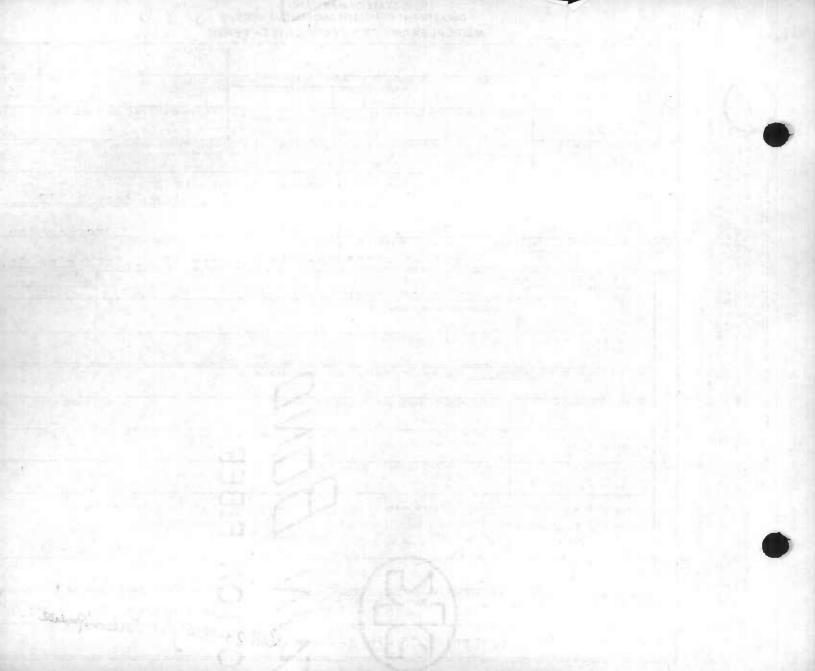
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In Day 012 0 G 8 Caplan Sinel of it 1 -altiror-d20 Clem oor Avenue seltinore x saltimore, Maryl no 21.12 Maryl no Erocits Clars J Cson 820 Glen coc Av nu You Will 216-09-8999 Lerlle M. Grith Baltimore, Maryland 21212 Burial 3/15/1984 Balti one National Sem. Beltimore, merylend Nutter & Sons Puneral Home Inc. 2501 Grynns Falls Fdy. Baltimore, Mc. 21216 Mill

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN 26 HOUR LTYPE OR PRINTS Woodrow DEATH MATED Brooks 19 1984 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 2d HOUR MONTH YEAR LAST BIRTHDAY PRONOUNCED 8:24 Male DEAD Black 12 9 51 32 1984 YRS A BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY Maryland U.S.A. WIDOWED [ DIVORCED Baltimore City D CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 1300 blk. Poplar Grove St. ID 2 SHOULD BY SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13r. CITY OR TOWN 13a. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore YES X NO [ 2348 Eutaw Place 21217 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, 2 WITH FORM PM 3 II. PAGES (AND 2 MIDDLE MIDDLE LAST Manue 1 Brooks Della Brockington 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS T. PAGES ( NO 212-58-4358 Lucille L. Gray 47 N. Catherine TATE WRITING THE WORD PRINGING EXAMINER ALCING TORWARDED TO THE CHIEF MEDICAL EXAMINER RANGING PREMED APPRACES SHOULD BE USED AS A BURAL-TRANSIT PERMIT. HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DITTER STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DITTER STATE DEPARTMENT OF REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Perforating gunshot wound of thorax (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Conditions, of any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21a. EXTERNAL CAUSE WAS HOUR AM MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) UNDERLYING 8:20 M. 3-19-CONTRIBUTING CAUSE OF DEATH 19 84 Subject was shot. 21e PLACE OF INJURY 211 LOCATION TO MEDICAL EXAMINER: THIS CES EXECUTETHE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTMORE, MARYYAND, 21201 P STREET, FACTORY, FARM, FTC.) AT WORK NOT WHILE AT WORK street Poplar Grove St. Balto, City, 220. I certify that I took charge of the remains described above, held on Inspection Homicide X death resulted from Natural causes Accident Undetermined manner TITLE (SPECIFY) **ACTUAL** Assistant DATE 3-20-84 EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Anne Arundel Co 3/24/84 BURIAL Cedar Hill Cem. BP 250. DATE REC'D BY RIGHT AR 256 REGISTRATURE 24 FUNERAL DIRECTOR **DHMH - 17** Wm NC March F/H Inc. North Avenue (VR A15 ME (5))

20M 4/82



Balto., Md.

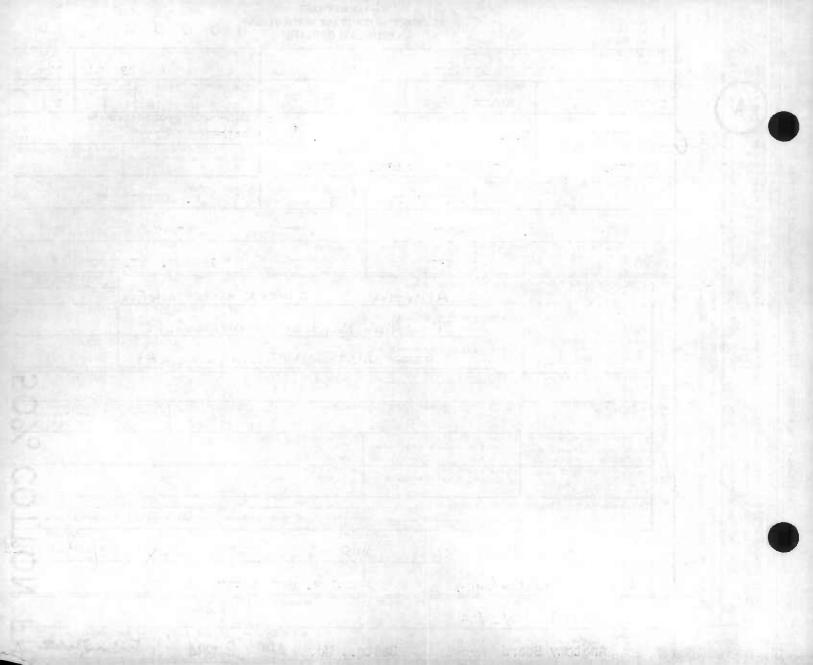
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Anatomy Board

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE () 6 5 6 3

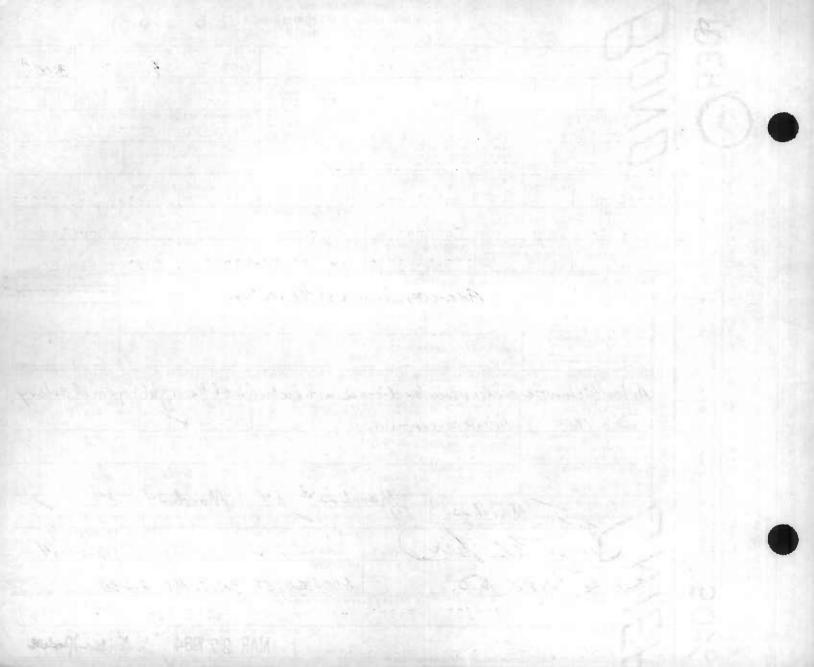
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			MIDDLE	LAST			2e. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
3 SEX	ANN	TE	R.	BROW	N		MARCH	23,	1984	3: AD A
		4 RACE	N.	5. DATE OF 1			6 AGE (IN YEARS LAST		IF UNDER TYE	AR IF UNDER 24 HRS
	Female		Black	MONTH	DAY	YEAR	(1)		MONTHS DAT	S HOURS MIN.
7n RIR	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	6	10	20	63 9 BALTIMORE CITY	YRS.		
CC	OUNTRY)			MARRIED	NEVERN		BALTIMO	_		
	Carolina TY OR TOWN OF DEATH	U.S.	HOSPITAL NURSIN	WIDOWED [		ORCED	120 USUAL OCCUP			OF BUSINESS OR
BA	ALTIMORE	1225	N. Cur.	ley St			(TYPE OF WORK FOR MO			
USUA 13e, S1	L RESIDENCE (IF NURSING HOME TATE 13b, CC		GIVE RESIDENCE BEFOR		d INSIDE CI	TY LIMITS?	13e.STREET ADDRES	S / 7IP COI	DE	
Ma	aryland		Baltin			NO 🗍				t. 2121
	THER'S NAME	Entaglish A				MAIDEN NA	ΛE			
	Hasty	WIDDIE	Camero	n	_	ene	MIDDLE			uglas
	AS DECEASED EVER IN U.S.		16b. SOCIAL SECU		. INFORMAL		ADI	DRESS	<u> </u>	ugias
(YE	ES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	215-14-	7802	Tori	Fiold	s 1225 N	C	.1 0	****
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU				1011	rieiu	S IZZJ N	, cur	LEY S	OXIMATE INTERVAL EN ONSET AND DEATH
		tic cards	ovascula	disca	ze with	hocelus	ion of the	risht	femor.	al conteny
CERTIFICATION	Dec 1983	1.	nocarcin		WAS PERFOI	RMED	YES NO	IN CERT	ES, WERE FIN TIFYING CAUS YES []	DINGS USED / SES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH 216. TIME O		2	1¢ HOW IN.	JURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM TO	B PART 1 OR PART	?)
MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,		If LOCATIO	N	CITYO	RTOWN	COUNTY	STATE
	220.1 certify that (I) (this be			Mara fel, and		19 87	to Mevideath occurred on the	ch24	, 19 84	_, that (I) [ve) lost
	obove, (I) (we) (did 22b. SIGNATU	not) view the body	July		GREE	TIENDING _		TAFF	211. DA	
	Lursi	Mala				Vi.		21CIMIA		24/8/
	CHORGE TA	PE OR PRINT)	5	2	600L	TGHT S	T. BALT.	UD. 2	1330	14/8/

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detacked for use as the burial-transit permit. Then please miny with the State Dept of Health and Mental Hygiene priar to burial, cre

Wm C March F/H Inc 1101 E North Ave MAK 27

ia Davidson-Handell



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

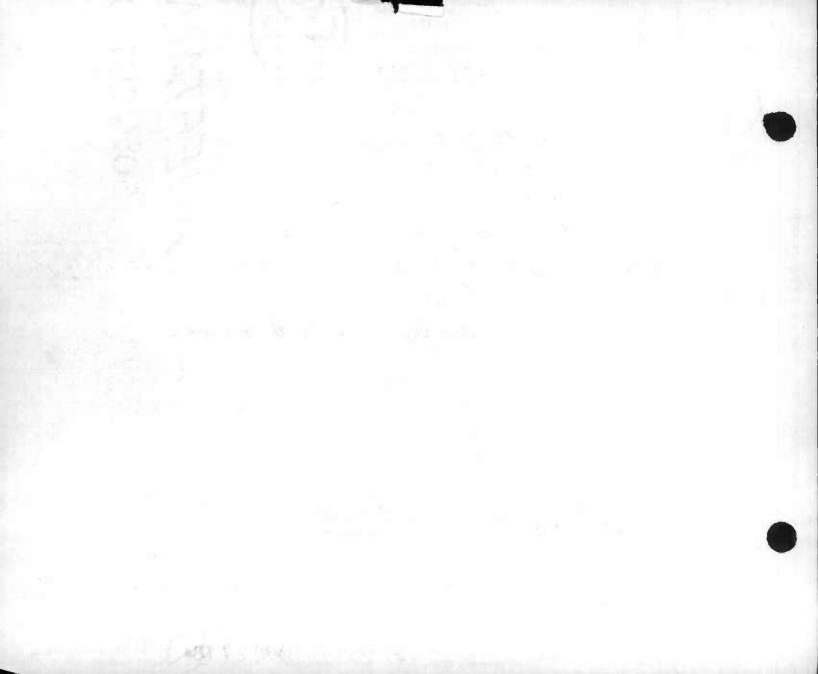
		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	).			
9		CEASED NAME	FIRST	,	MIDDLE	· ·	AST		2a. DATE OF	DEATH	MONTH D	DAY YEAR	2b. HQ1	UR
	(TYPE	OR PRINT)	FLORE	NCE	Α.	BB	ROWN	1132			3 2	3 84	10:	37 AM
	3. SEX	(		4 RACE		5. DATE C	F BIRTH		6. AGE (INY	EARS LAST BIRTI		IF UNDER 1 YEAR	IF UNDE	
	1	Femal	е	В	lack	MONTH	18	35		49	YRS.	MONTHS DAYS	HOURS	MIN.
6		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9 BALTIMO	RE CITY O	COUNTY	OF DEATH		
y)		aryland		U.S	5.A.	WIDOWE		IVORCED [	BALT	'IMORE	CITY			MD.
7		TY OR TOWN OF DEALTIMORE	ATH	I IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET UNION MEM	ADDRESS)			12a USUAL (	OCCUPATION FOR MOST OF		12b. KIND ( INDUSTRY		ESS OR
þ	USUA	AL RESIDENCE (IF NUR		OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)								
)		aryland	13P CON	1TY	Baltin		YES 💢		13e.STREET /	ADDRESS / 4 Lei	th R	d. 2	1239	
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NAM	WE	WIDDLE		LA	ST	
U		George			Brown			-				-	51	
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU		17 INFORM			ADDRE				JAME.
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		PART I, DEATH W		D BY. E CAUSE (o)	Status	Exul	ichus				1 20			
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		gove rise to im couse (o), statis	ng the	DUE TO, Q	R AS A CONSEQUE	NCE OF		. (	1 4.	1.				
		underlying couse	lost.	(c)	mall Ce	el Co	Ulcin	oma o	Lru	m	19			
	2	PART 2. OTHER SIG	NIFICANT (	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E OR COND	DITION GIVE	EN IN PART 1	io	TOTAL
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L	CERTIFICATION	19a DATE OF OPERA	TION	196. QQND	ITION FOR WHICH	OPERATIO	N WAS PERF	JKWED		_/	IN CERTIF	YING CAUSE	S OF DEA	TH?
9	ERTI	218. ACCIDENT WAS UN	DERLYING F	216. TIME O	F IN II IRY		Tale HOW I	NJURY OCCURR	YES _	NOM		S D BART 21	NO [	
f		OR CONTRIBUTING	-	110110 4	M. MONTH DA	YEAR	711110111	AJORT OCCORR	LED (ENIERNA	KIOKE OF IMJUR	Y IN HEM IS PA	ART T OR PART 2)		
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	MEC	WHILE I NOT W	ние 🗀		REET, FACTORY, OFFICE, F	ARM, ETC )	STRE			CITY OR TOV	WN	COUNTY		STATE
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		sow the deceos	ed olive on	3.23	19	34	nd that in (m)	) (our) opinion o	deoth occurre	ed on the do			couses s	toted
		obove, (I) (we)	did (did no	t) view the body	ofter death.		DEGREE		1			Late DATE	ESIGNED	_
		Larry	ind	1.17	DAtor	7	(1)	ATTENDING	MEDICAL	STAF		131	23	Rel
-	. 0	22d. PHÝSICIAN'S N	AME (TYPE C	OR PRINT)	vaso	1	22e ADDRE	PHYSICIAN [	JURECTOR	PHYSIC	IAN	10/		07
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	23s. B	BURIAL CREMATION				NAME OF C	EMETERY OF	CREMATORY	23d. LOC/	ATION				
	(	WRIAL		3/26	0/84   Ba	Itim	ore N	ationa	I Bal	timo:	re,	COUNTY	Md	STATE
	24. FU	UNERAL DIRECTOR			4 4 0 40000			25a. NT	A C D BY	<b>1984</b>	256. REGIST	BUY BAUPOLA	Hamae	50
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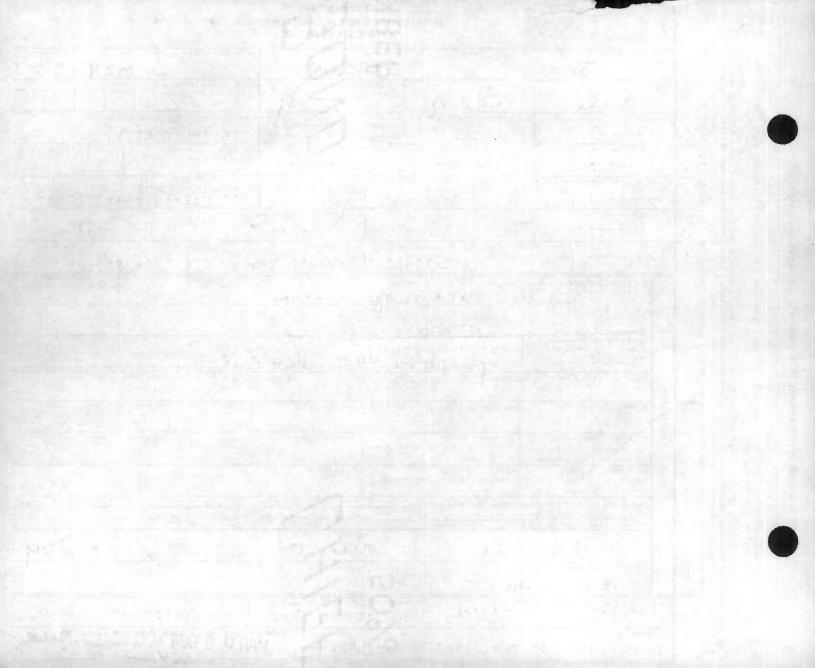
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V		.S.A.	WIDOWE	D DIVORC	ED 🗆 E	Baltimore		MD
	Baltimore 24	HOSPITAL, NURSING HOME OCHFACILITY, GIVE STREET ADDRESS) 19 Druid Hill	Aven		FOR MOST OF W	UPATION (TYPE OF V	OR INDUST	
13a. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTE TATE 13b. COUNTY	ON, GIVE RESIDENCE BEFORE ADMISSE 13c. CITY OR TOWN Baltimo:	h	34 INSIDE CITY LIMITS?	13e STREET ADD		21217 11 avenue	
	ATHER'S NAME FIRST MIDDLE	LAST		IS. MOTHER'S MAIDE	N NAME	MIDDLE	LAST —	
{Y	VAS DECEASED EVER IN U.S. ARMED FORCES? ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES	16b. SOCIAL SECURITY 219-07-20		Rosetta	Butler	ADDRESS 2419 Di	ruidhill	Ave.
	Conditions, if ony, which gave rise to immediate (b)_	), OR AS A CONSEQUENCE (	OF OF			sease		
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AL CERTI		A.M. MONTH DAY YEAR	21c. HO	W INJURY OCCURRE	D CENTER NATURE OF	INJURY IN ITEM 18 PART	YES 1 OR PART 2)	ио 🗶
MEDICAL		ACE OF INJURY (AT HOME, r, FACTORY, FARM, ETC.)	21f. LOC	ATION REET	CITY OR	TOWN	COUNTY	STATE
	death resulted from: Notwol causes ACTUAL SIGNATURE	Smith, M.D.	00	Homicide  TITLE (SPECIFY)  Deputy Chi	Undetermined	monner .	DATE 2/26 IGNED 2/26	/84
24 F	URIAL, CREMATION, REMOVAL 236. DATE 3/1/8 BURIAL 3/1/8 UNERAL DIRECTOR C March F/H Inc.		of I	Eternal 1		1timore	COUNTY MS	ATE I



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3 , /	9.00	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
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000	3. SE	(	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF U	NDER TYEAR IF UNDER 24 H
Ch /		male	Black	MONTH SAY YEAR	17	YRS	
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E 2 27	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) R TOWN 13d INSIDE CITY LIMITS	STREET ADDRESS	/ 7IP CODE	
		aryland		timore YES NO	521 Mair	Stree	t 21222
1 ( S 2 5 5	M. F	THER'S NAME		15. MOTHER'S MAIDEN			
ed by	V	Jerry	MIDDLE Bro	own Barba	r a		Brown
5 5	Ión V	VAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	ADDR	ESS	
Poges Poges	1	YES NO OR UNKNOWN) (IF YES, GIV	288-1	12-2765 Cornell :	Brown 521	Main S	treet
6 5 6		18 CAUSE OF DEATH (Enter on			DIOWII JZI	main 3	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
been signed by trmit. Then please raprior to buriol, cre	CERTIFICATION	couse (a), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT (		GTO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	20b. IF YES, W	IN PART TIO VERE FINDINGS USED IG CAUSES OF DEATH
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physical tronsic of Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		URRED (ENTER NATURE OF INJI	JRY IN ITEM 18 PART	OR PART 2)
- B - O Z -	MEDICAL	214. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION			COUNTY STAT
offen, s the land	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC ) STREET	CITY OR TO	JWN	COUNTY
Afte ost of or		220.1 certify that (I) (this hospi	tal) attended the deceased i	from19	, to	. 19-	, that (I) (we
		saw the deceased alive on		19, and that in (my) (our) apin			
Z = 0 2 H = 1		obove. (I) (we) Idid) (did no	t) view the body ofter deoth.	DEGREE	•		22c DATE SIGNED
Pitol for us of He				DEGREE			M. DAIL SIGNED
haspitol DIRECTOR: ched for us Dept. of He		22h SIGNATURE	. 4 .	IA A O ATTENDING	G MEDICAL STA	FF A	121/61
haspitol DIRECTOR: ched for us Dept. of He Item 21 is		27h SIGNATURE MWHa	whe	MO ATTENDIN			3681
haspitol DIRECTOR: ched for us Dept. of He Hem 21 is			whe RPRINI) AWKE				3686
Store Dept. of He Asserted Ass		27% SIGNATURE  MW A  274. PHYSICIAN'S NAME 1179E O  BURIAL, CREMATION, REMOVAL	AWKE 123b. DATE	PHYSICIAI  22e ADDRESS  23c NAME OF CEMETERY OR CREMATO	DIRECTOR PHYSI	CIAND	13/6/81
haspitol DIRECTOR: ched for us Dept. of He Hem 21 is		27% SIGNATURE  MW Ha  274 PHYSICIAN'S NAME (11995 C)  MW H	AWKE	22e ADDRESS	DIRECTOR PHYSI	CIAND	OUNTY Magain



FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b. HOUR March IF UNDER I YEAR 6. AGE TIN YEARS LAST BIRTHOAY) IF UNDER 24 HRS 68 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Const. Worker Local #16 3206 Lake Avenue 21213 MIDDLE Tamburino (wife) same address APPROXIMATE INTERVAL mentisted small all cans PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

221 DATE SIGNED

Md .

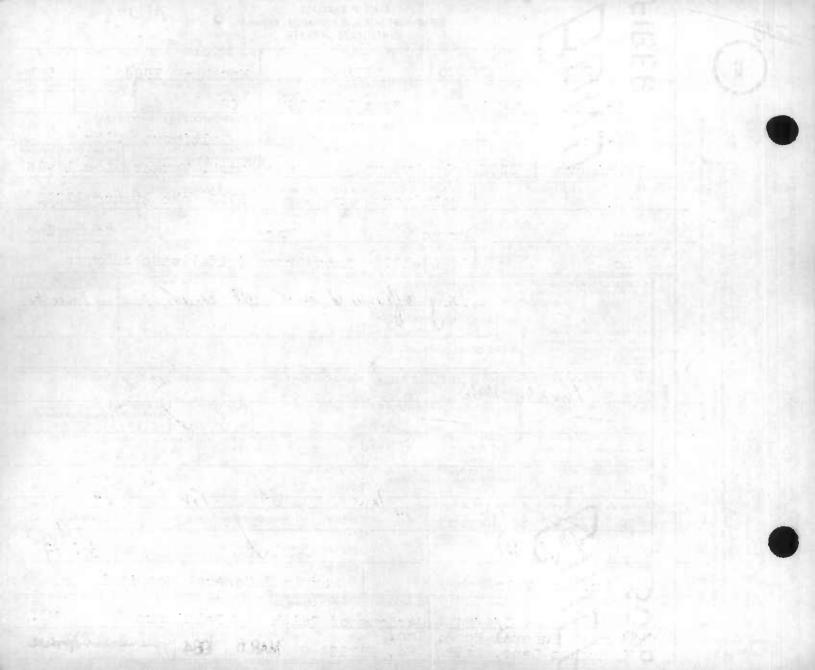
COUNTY

Maryland General Hospital

23d. LOCATION

Burial Baltimore Gardens of Faith

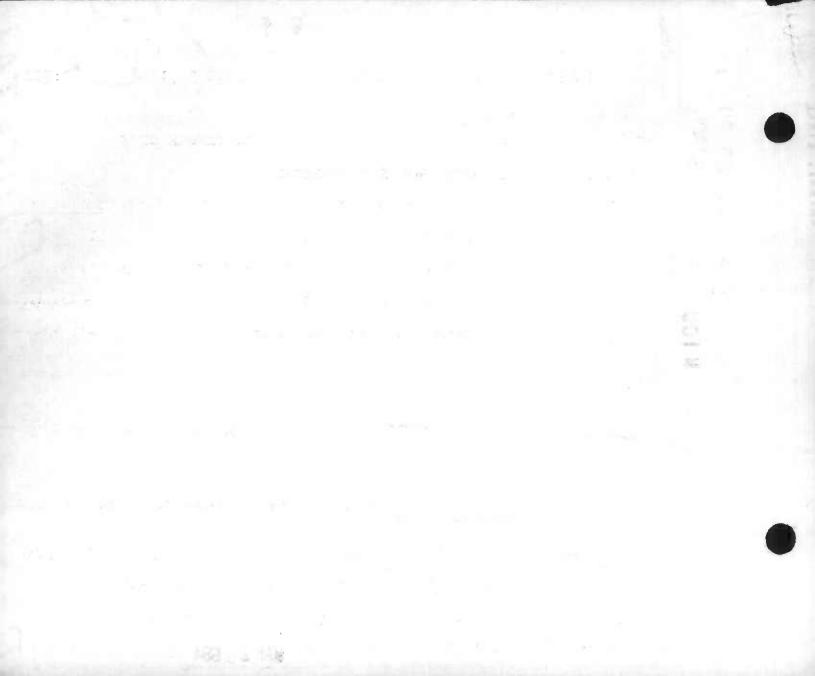
Schimunek Funeral Home Inc. 3331 Brehms Lane, Balto. Md. 21213 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE una Navidson Handel



- 1	- 55	REGISTRAN		4211111	I CALL OF BEA		R	EG, NO.			
1		CEASED NAME FIRST	MIDDLE	L	AST		20 DATE OF DE	THOM HTA	H DAY	YEAR	2b. HOUR
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-	1.58)	(	4 RACE	S. DATE C		YEAR	6. AGE IN YEARS	LAST BIRTHDAY	IF UI	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
i,	1	Female	Black			.5	68		YRS		MIN.
		RTHPLACE (SLAIS OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARI	DIED [	9 BALTIMORE	ITY OR CO	UNTY OF	DEATH	
1		aryland	U.S.A.	WIDOWE			BALTIN	ORE	CITY		MD.
ė	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUT	ION	12a USUAL OCC			12b. KIND C	OF BUSINESS OR
b		ALTIMORE	THR JOHNS	HOPKIN	S HOSPI	TAL	(TIPE OF WORK TOR	MOST OF WOR	Card (WE)	NOOSIKI	
P	USU/ 13e. 5	TATE 13b. COU	NTY 13c. CITY OF	E BEFORE ADMISSION)	1 13d. INSIDE CITY L	IMITS?	13e.STREET ADD	RESS / 7IP	CODE	2	1202
ĩ		ryland		timore	YES KIX NO		1241 E	. Lai	ayet	tte :	Avenue
2	IA. FA	THER'S NAME	MIDDLE LA:	SI	15 MOTHER'S MA	AIDEN NAA		DDLE		LA!	ST
	1	Joseph	Harr		Elle	en	4418	DOLL	F	Hill	
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	SECURITY NO.	17 INFORMANT			ADDRESS			
	3 0	NO [IF TES, G	215-	12-5619	George	Bry	yan 141	2 N.	Eder	n St	reet
-	8	18. CAUSE OF DEATH (Enter o	inly one couse per line for (o), (	(b), and (c).)						APPROX BETWEEN	ONSET AND DEATH
ij	2	PART I. DEATH WAS CAUS		iratory	arrest					5	minutes
3	8	43/00	DUE TO, OR AS A CON	SEQUENCE OF							
3		Conditions, if ony, which		aro vascu	lar an	cirbo	+			3	4 hours
		gove rise to immediate	)				<u> </u>				
E		couse (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF					- 1	1	
4		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OF	CONDITIO	N GIVEN	IN PART 1	0,
1	S.										
T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY				NGS USED
	Ě						YES NO		YES [		OF DEATH?
7	GE	21a. ACCIDENT WAS UNDERLYING [			21c HOW INJUR	Y OCCURR	ED (ENTER NATURE	OF INJURY IN IT	EM 18 PART I	OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DE		H DAY YEAR							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	17	21L LOCATION						
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.)	STREET		СП	A OS IOMM		COUNTY	STATE
		220.1 certify that (1) (this hasp	oital) attended the deceased	from Marel	7.5	· 84	to Ma	15 Am	0 19	84	that (I) (we) last
2		sow the deceased alive of	ds done	DLi	nd that in (my) (our	) opinion (	death accurred or	the date a	nd hour an		
1	Ι.	22b. SIGNATURE	at) view the bady after death.		DEGREE					22c. DATE	SIGNED
		onfushe	I Scherick	?		NDING SICIAN	MEDICAL DIRECTOR   F	STAFF		3	126/84
-		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	-	22e ADDRESS						
Fa		MICHAEL	SCHINDL	ER	John	s H	opkins	Hosp	ital		
_	23a. B	JURIAL, CREMATION, REMOVA		1231 NAME OF C	EMETERY OR CREA	MATORY	1234 LOCATIO	N			
		EURIAL	3/30/84	King I	Memorial	l Par	rk Rand	alls	cown	OUNTY	Ma.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm CMMarch F/H Inc. 11010 North Avenue



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						DÉATH '		REG. N	10.			
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MI	DDLE	L/	AST		2a. DATE O	FDEATH	HTMOM	DAY Y	AR :	h HOUR
(TIPE ORPRINT)	JOHN	1	M.	BURG	GOON.	JR.	3-	7.	94			14
3. SEX		RACE		5. DATE O		JII.	6 AGE (IN	YEARS LAST B	RTHDAY)	IF UNDER	YEAR	IF UNDER 2
Male	L V	Whit	to	MONTH 4	12 <sup>DAY</sup>	10		73			DAYS	HOURS
To. BIRTHPLACE (STATE	OR EOREIGN 7h		HAT COUNTRY?		12	10	0 BALTIMO		YRS.	TY OF DEA	ru .	
COUNTRY)	ON FOREIGN			MARRIE		R MARRIED					ın	
Maryland  CITY OR TOWN OF I		U.S.		WIDOWE		DIVORCED [				City		
1)	DEATH III.		OSPITAL, NURSIN FACILITY, GIVE STREET		OR OTHER IN	ISTITUTION	12a USUAL (TYPE OF WOR			LIFE) INDU	ND OF	BUSINES
Baltimore			St. Agne		pital		P1ur	nber		Se	lf I	Emp.
Maryland	136 COUNTY		3c. CITY OR TOW Arbutus	VN 1	13d INSIDE	CITY LIMITS?	13e. STREET 1243	ADDRESS Lee	ds Te	rrace	2	1227
14 FATHER'S NAME	MID	DIE	LAST		15. MOTHER	R'S MAIDEN NA	ME					
John	M			oon, S	r.	Edith		Haz	el	P	ark	er
160-WAS DECEASED EV			66 SOCIAL SECU	_	17 INFORM	AANT		ADDR	ESS			
(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	215-07-	9025	D	41 M	D	12	/.2 T =	т обо	212	27
18 CAUSE OF DE					DOLO	thea M.	Durgo	111 12	אט דופ			ATE INTERV
Conditions, if o gove rise to couse (o), sto underlying cai	immediate sting the	DUE TO, OR	AS A CONSEOU	ENCE OF	4. F	bar	+					
gove rise to couse (a), sto underlying car	immediate string the suse lost	DUE TO, OR		C-F ENCE OF MI	4. F in	San Tern	AINAL DISEAS	SE OR COP	NDITION G	GIVEN IN PA	RT 110	
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Gove rise to cause (a), store underlying car  PART 2 OTHER SI  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY WAS AT WORK AND A CONTRIBUTION OF CONTRI	IMMEDIONE STREET	DUE TO, OR.  (c)  NDITIONS COT  196 CONDITI  216. TIME OF HOUR A.M  P.M.  21e PLACE O (AT HOME STREE	INJURY MONTH D HISTORY OFFICE I HE GEORGE FROM HE GOOD	DEATH BUT RUM H OPERATION AY YEAR 19 FARM ETC)	211. LOCAT SIRE	TOPMED  INJURY OCCUR  TION  ET  19  Y) (our) opinion  ATTENDING PHYSICIAN [	200 AUTO YES ARED (ENTER N.  MEDICAL DIRECTOR  23d LOC.	DPSY?  NO N	20b. IF Y IN CERT	YES, WERE F TIFYING CA YES D B PART I ORPA	INDINCUSES CO	STA

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ł	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO				
ı	I. DECEASED NAME FIRST	м	NDDLE	I.	AST	20. DA			DAY YEAR	2b. HOUR	
ł	(TYPE OR PRINT)	ID F	RANCIS	В	URKE LE		3	-5	-84	5:30	PM
ľ	3. SEX	4 RACE		5. DATE C	F BIRTH		(IN YEARS LAST BIRTH		#FUNDER I YEAR	IF UNDER 24 H	_
Į	MALE	MHI	TE	MONTH	2 - 2 YEAR 20		3 63	YRS.	MONTHS DAYS	HOURS	win.
1	III. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		VHAT COUNTRY?	8. MARRIEI	NEVER MARRIED		IMORE CITY OF		OFDEATH		
1	Maryland	U.S.	Α.	WIDOWE		B	altimore	2 C	ity		MD.
4	CITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	(TYPE OF	WORK FOR MOST OF	WORKING LIF	E) INDUSTRY	FBUSINESS	
1	baltimore)	South	Baltimor		neval Hosp	non Cab	inet Mak	er	Knip	p & So	on /s
1	ISUAL RESIDENCE (IF NURSING HOLE OR 30. STATE ISL COUN Maryland Balt:	ITY	Balto. H:	N	13d INSIDE CITY LIMIT	15?   13e.STR	32 Louis	7IP CODE	Aveirue	2122	27
Ī	FATHER'S NAME	MIDDLE	ŁAST		15 MOTHER'S MAIDE	NNAME	WIDDLE	Wille	LAS		
1	Bernard	C.	Burke		Josephi	ine		NI S	Ha		
I	160, WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRES			227	
1	WW :	II	213-14-5	507	Eleanor M	1. Burk	e 2832	Louis	siana A		
ſ	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per	ine for (a), (b), and	dyr.	0	+		91241	METWEEN S	MATE INTERVAL DINGET AND DEA	ATH
ı		E CAUSE (0)	aidispu	Konon	any clives	1	100		-		-
ł	4100	DUE TO, OF	ASM CONSEQUE	NCEDE	2.0.	1. 1.		.41			
ı	Conditions, if ony, which gove rise to immediate	16/4	denous	were	caracivoseu	we w	Mark u	110	111		_
l	couse (a), stating the underlying couse lost.	DUE TO	的处地	Melaka	i una pros	cury is	your m	y vear	and		
l		(6)	A TOUR LE LO S	NEATH BUT	NOT BELLIZED TO THE	750	5 4 5 5 0 D C O 4 10	(7)011011	(51) (11) (12)		_
l		CAL AMA	A YAA	AIM AZ	Nilia.	ELEKMINALDIS	SEASE OR COND	IIION GIV	EN IN PART TIE	,	
1	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF YES	S, WERE FINDIN	IGS USED	
4	DIFF					YES	MON [		YING CAUSES	OF DEATH?	,
1	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21s. HOW INJURY OF	CCURRED (EN	ER NATURE OF INJUR	IN ITEM 18 P	PART FOR PART 2)		
۱	OR CONTRIBUTING CAUSE OF DEA	1177		19							
ı	(IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	ABM STC 1	211 LOCATION		CITY OR TOW	/N	COUNTY	STAT	I E
1	WHILE NOT WHILE AT WORK	(A) HOME, SIKI	LEI, FACTORI, OFFICE, FI	ARM, ETC. J		nul.	= 2/4				
ı	22a.   certify that (I) (this haspi			_3	- 5 , 19_	84, to.				that (I) (we)	
ł	saw the deceased alive on above (1) (we) (did (did no	Weider Weybody	utjér death.	, or	nd that in (my) (our) op	onion death oc	curred on the da	re and hau	r and fram the	couses stote	d
ı	77h SWHATURE	11000	11.1	A.	DEGREE ATTENDII	NG / MEDI	CAL STAF		22c. DATE	SIGNED	21
	10walle	Chi	14 1	WD	PHYSICI		TOR PHYSICI		0-	6-3	4
	BARBARA &	Co	WLEY	MD	4007 ans	napolis	Road	Bu	ltimue	, and.	,
	23a. BURIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR CREMAT		OCATION CITY OR TOWN		COUNTY	- SIAT	E
	Burial	3/8/8	4 M	eadow	ridge Mem.		1kridge		Howard	Md.	
	24. FUNERAL DIRECTOR		ADDRESS		41447	DATE REC'D.	BY REGISTRAR	Sh REGIST	RARSSIGNAT	ORE CANCEL	-
ı	Hubbard Funeral	Home, In	c. 4107	Wilke	ns Ave.	MAK 8	7984	reliant	rain ason-V	will work	100

DHMH - 16 50M 4/83 (VRA 15, 4)

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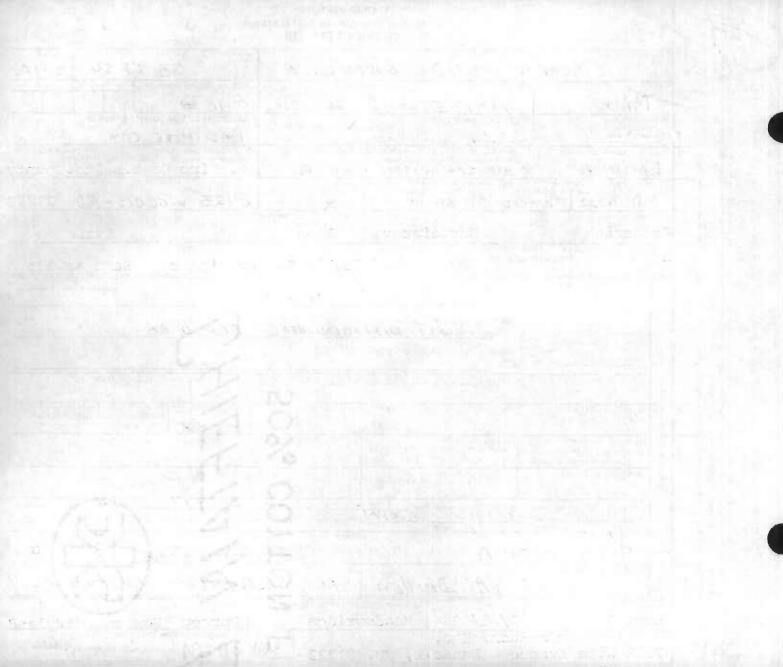
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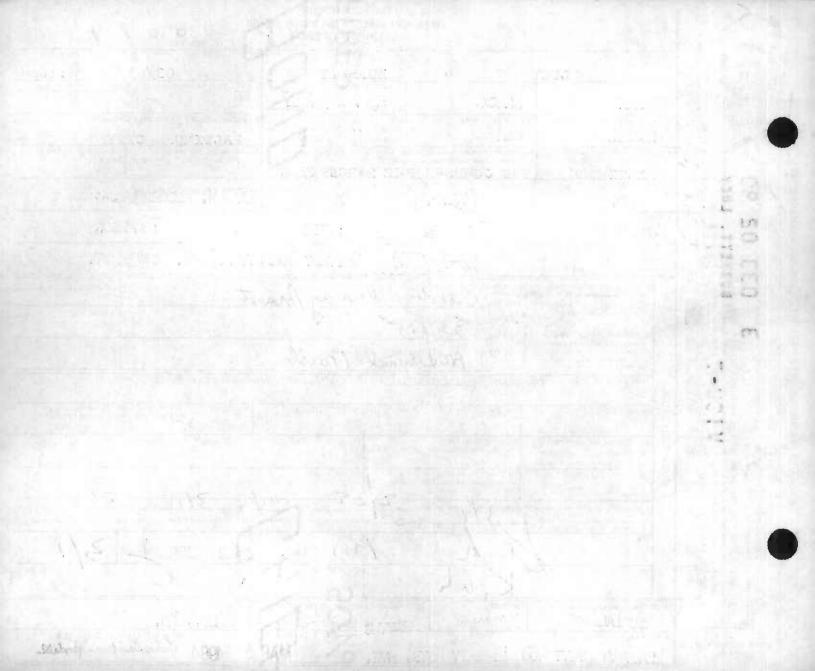
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 2h. HOUR 1. DECEASED NAME BURLEY 15 Helen OUISE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4. RACE 5 DATE OF BIRTH HOURS 1920 emale Black 20 Oct BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE / STATE OR FOREIGN NEVER MARRIED USA BALT CIT DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12 BKIND OF BUSINESE OF HOSP Public Schools BALT Teacher's Aide USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 21230 408 BALT 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME ELIZABETH ADDRESS2408 Puget Street 16h SOCIAL SECURITY NO. 17. INFORMANT IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Baltimore, Md. 21230 Grant Burley. Sr. No. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO IT NO YES T 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM T8 PART T OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR FOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM ETC.) STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) should be dr 2) NAME OF CEMETERY OF CREMATORY COMESVILLE VETERANS 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY Crownsville Maryland Burial Crownsville. BP 24 FUNERAL DIRECTOR Nutter & Sons Funeral Home Inc. DHMH - 16 50M 4/83 2501 Gwynns Falls Pkwy. Baltimore, Md. wie Daydson-Handale 21216 (VRA 15, 4)

STATE OF MARYLAND

Acton Louise Parkey MAD 15 1984 574 Say to the control of the state ATTEN TOTAL CIM and the Tito. City the state of the s PED PALT BALT Y 2408 Rucky GISSON LAWYENER TOWSEY CHIZABETH CLAYEON A SERVICE SERVER Art - 1 - 770 fire rice, or. Dulthore, Mc. 81230 arlan s/20/19g c.c.n ville veticns cremovill, Jar Jano Multer a sons Timered Rolm Inc.

2501 Givnne Polls Play. Balticare, 15. 21210 Hills Balticare



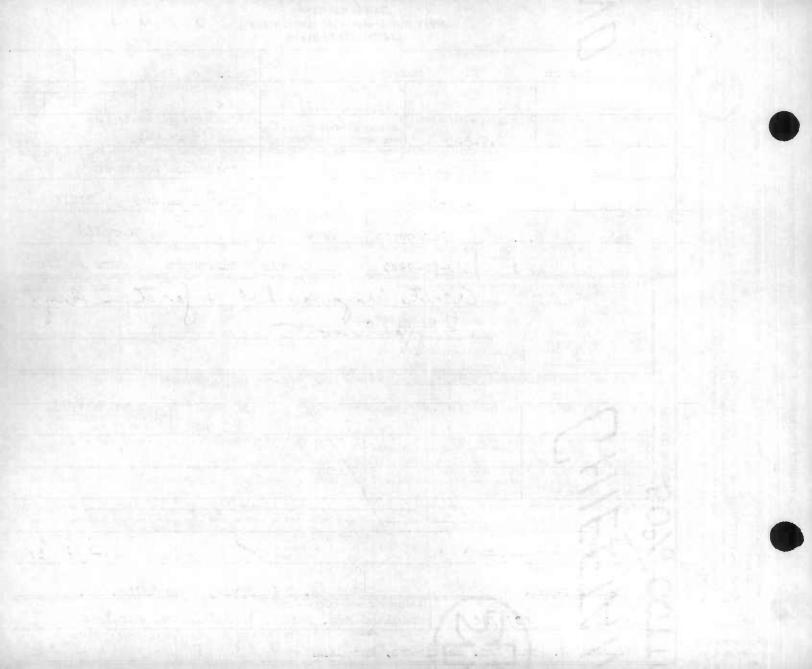


1.	FOR STATE REGISTRAR		DEPARTI		IEALTH AND MENTAL HYG	REG. N	0	Y	
I. DE	CEASED NAME FIRST	,	MIDDLE	ı	LAST	20. DATE OF DEATH		DAY YEAR	26. HOUR
TYP	EORPRINT)  Gerard	,	r. Bu	rroug	che	March 6,	7001		
3. SE		4 RACE	· Du	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
1.50	Male	White		MONTH		84		MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C			Jeg ji T
9	Maryland	U.S.		WIDOWE		Baltimor			M
1	ITY OR TOWN OF DEATH  Baltimore	(IF NOT IN SUC	HEACHITY, GIVE STREET I Samarit	an Ho	or other institution spital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Insurance	OF WORKING LIFE	E) INDUSTRY	F BUSINESS OR
130.	AL RESIDENCE HE NURSING HOME STATE 136. COI	OR OTHER INSTITUTION, JNTY	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Baltimor	M	13d, INSIDE CITY LIMITS? YES TO I	13e. STREET ADDRESS 3308 Ails	a Ave	21	214
	Maryland		Dailliot		15. MOTHER'S MAIDEN NA				
	FIRST	H.C.	Burro	oughs	Anna	MIDDLE	Re	eynoldŝ	T
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS		
		WW I	212-07-2	2949	Mrs Carrie	E Burrough	ıs	Same A	s 13e
NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEGUI		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIV	EN IN PART 10	0.
CERTIFICATION	190. DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	, WERE FINDITY YING CAUSES S	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			211. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	22a.1 certify that (I) (this has				, 19	, to		19	that (1) (we) los
1	sow the deceased alive a	not) view the body	ofter death	, 01	nd that in (my) (our) opinion	death occurred on the d	ate and hour	r and from the	couses stated
3	THE SHENGTURE		4 - •		DEGREE ATTENDING PHYSICIAN IN	DIRECTOR PHYSIC	FF CIAN (	22c. DATE	SIGNED 7
1	THE PHYSICIAN'S NAME ITH	(CR PRINT)			22e. ADDRESS	_ Jancerok CJ Fiff Sh			1001
(	Gracito Pat	ricio MD	Softer #		2926 E. Cold	Spring Lar	ne Balt	to. Md.	
	BURIAL, CREMATION, REMOVA		23€. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			STATE
	(SPECIFY) Burial	3/9/84	1 Mo	relan	d Mem. Park	Baltimo	re, Ma	aryland	STATE
24 E	LINERAL DIRECTOR				75a D A1	TE DEC'D BY DECISTDAD	25h DECIST	DAD'S SIGNIAT	LIDE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

Leonard J. Ruck Inc. Baltimore, Maryland

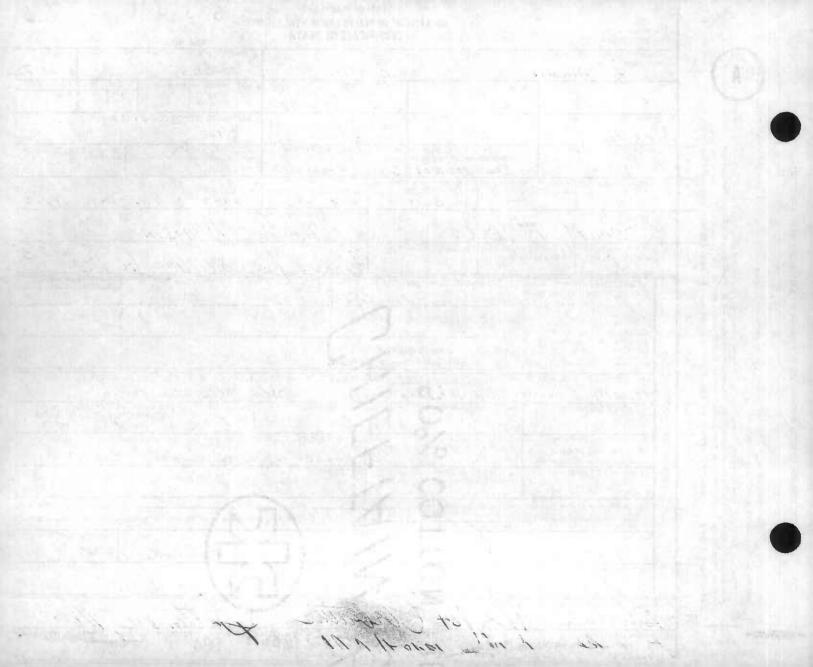


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

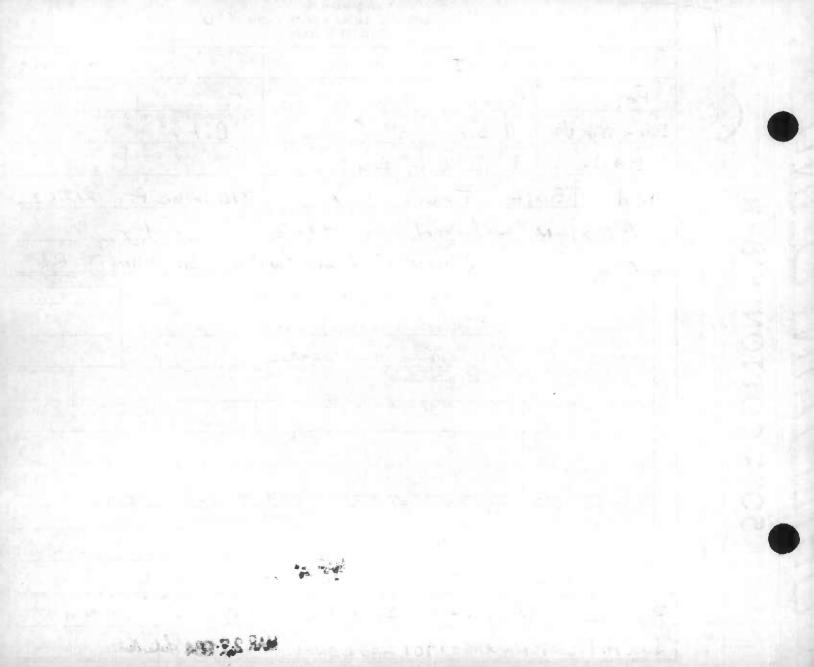
- STATE

(VRA 15, 4)



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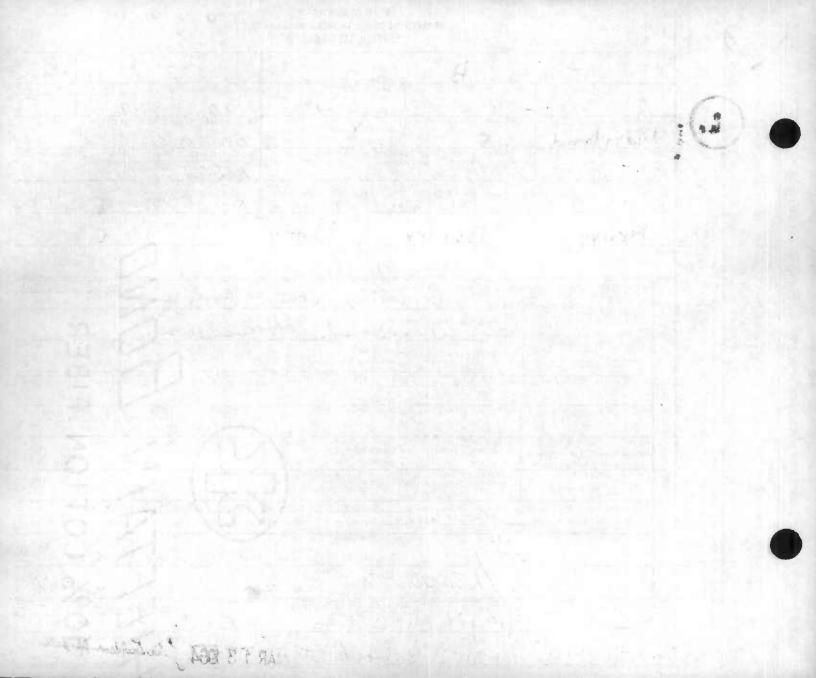
4	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH		8 3
	1 DE	CEASED NAME FIRST	MIDDLE	LASI	REG. NO.  2a. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
by be 3 deoth		OR PRINT) CHARL		BUTLER	0	and a
po n d	3. SE	1	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	) IF UNDER 1 YEAR IF UNDER 24 HR: MONTHS DAYS HOURS MIN
of Circle	7 a DI	RTHPLACE LISTATE OR FOREIGN	Black	2 29 1912	9 BALTIMORE CITY OR CO	YRS.
e h	I	QUNTRY) Wight, VA.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	C;+y	A
by the fu	10. C	Ballo	11. NAME OF HOSPITAL, NURSIN	ADDRESS ASPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOL	12b. KIND OF BUSINESS O INDUSTRY
filled in ould be	13a S	LESIDENCE (IF NURSING HOMEOR TATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 134 INSIDE CITY LIMITS?	13 STREET ADDRESS, Sellors	Pt. 21222
mpletely ond 2 s	14 FA	THER'S NAME AFIRST NS 4 M	MIDDLE JOHNSON	15. MOTHER'S MAIDEN NA A FIRST ICE	AME MIDDLE F	Ity LAST
n ond co		AS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU 219-20-8		tler - 316	Sollers PT. Rd.
hysicio oppersovol. nt, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), on D BY:		A Later Town	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r remi	1		E CAUSE (0) CARDIO	WIDTON ARY ARRE	12:	
e death move co notion, o troumot	Н	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	INSWIGN ACCIDE	JT.	
by the observed by the observed other tra		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF CHEART DISEASE		
signed hen pled to buriol jury, or	Z	PART 2. OTHER SIGNIFICANT C	107	DEATH BUT NOT RELATED TO THE TER/		DN GIVEN IN PART T(01
bw rec	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 201	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
PHYSICIAN: The li ending physicion. this certificate hos he buriol-tronsit pe buriol Hygiene d'ec.fte		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1073	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN I	TEM 18 PART T OR PART 2)
DING PHYSI ar otheraling After this ce e os the buri olth and Me morked et.!	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY   AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR TOWN	COUNTY STATE
Ol or ol or ol or ol or ol or olo	H			84, and that in (my) (will opinion	to 3/24	nd hour and from the couses stated
2 Popular			i) view the body after death.			
at OR ATTE the hospitch at DIRECTO etoched for te Dept. of I		22b. SIGNATURE And EW	You	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	3-24-84
		226. SIGNATURE  Andlew 226. PHYSICIAN'S NAME (TYPES)	AND NEW YANG	M D ATTENDING PHYSICIAN 220 ADDRESS		8-24-84
by the ERAL D Store D Store D Store D		226. SIGNATURE  Andlew 226. PHYSICIAN'S NAME (TYPES)	- ANDREW YANG	M D ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	8-24-84



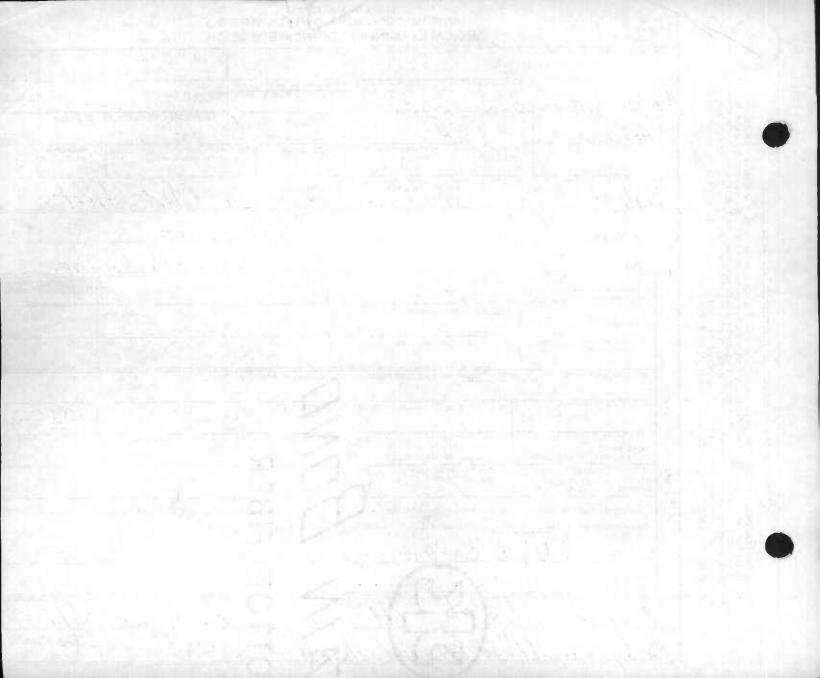
DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AI		REG. NO		
		CEASED NAME FIRST OR PRINT)	AND B	RUTL	e R		3 - 10 - 84	26 HOUR 10 30 M
3	SEX	m	1 RACE	5. DATE OF BIRTH		AGE (INTERESTAS) BIRTI	YRS. 9	AR IF UNDER 24 HRS
1	2	OUTRY)  OUTRY  TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTR	MARRIED A NEV	DIVORCED	BALTIMORE CITY OF		MD. OF BUSINESS OR
1	B		(IF NOT IN SUCH FACILITY, GIVE STR MIDTO W N PROTHER INSTITUTION GIVE RESIDENCE BEF	EET AODRESS)		Belied		
2	m	THER'S NAME	BALT	MOLE YEST	DE CITY LIMITS?	808 ST	PAUL ST	21202
4	60 VA	HENVY  AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFO	BEHRSTHY	ADDRES	5	LAST
			IVE WAR OR DATES) 18-6.		ATIENT	CHART		OXIMATE INTERVAL
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF THE CONTRIBUTING I	DUENCE OF	ATTE	insclessor COND	DITION GIVEN IN PART	lio
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
	_	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	v Injury occurrei	D (ENTER NATURE OF INJURY	Y IN ITEM 18 PART I OR PART?	n
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	E. FARM, ETC.)	ATIÓN IREET	CITY OR TOW	VN COUNTY	STATE
		sow the deceased olive on obove, (1) (we) (did) (did no	ot) view the body ofter death.	, and that in (	my) (our) opinion de	oth occurred on the do		
		226. SIGNATURE	eg	DEGREE	201	MEDICAL STAFF	F _   3/	10/84
2	3n Bi	RUB URIAL, CREMATION, REMOVAL	EN / REIDER	NAME OF CEMETERY	7445	FURNA  123d LOCATION (	EE BRAN	CH Rd
	1	Samuel	12/ / 10/	nt aul	~	Bells	COUNT	n O STATE 6
0/3	rec	MAN Per el	7/4 319 ADDRESS	20 hardy	250. DATE I	REC'D. BY REGISTRAR 2	REGISTRAR'S SIGN	fandelle



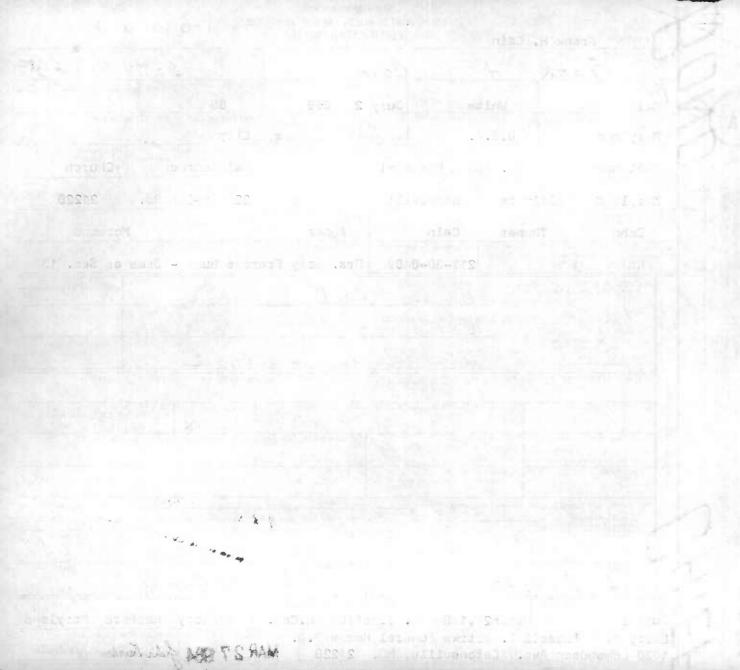
1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE	085	
1 DE	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  CEASED NAME FIRST MIDDLE LAST Za. DATE		AY YEAR 26. HOUR
{TYI	MELVIN BUTLER OF DEATH	MATED 3-17-84	4 19 M
M	AGE III VIAN DAYS HOURS MIN. PRONOU DEAL	5-17-84	
1	MARRIED   NEVER MARRIED   MIDOWED   DIVORCED   Bal	MORECITY <u>OR COUNTY C</u> timore City	MD.
10.0	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WO		KIND OF BUSINESS OR INDUSTRY
USU 1)//	Ral timore 542 Robert Street  ARESDENCE (IF IT MARISHED HOME OF OTHER HISTORICAL DISCONSION)  ATE 136 COUNTY  136 COUNTY  137 STREET ADDRESS  138 MARISH THE MARISH T	Sohret Le	12/1
Tieth	ATTER'S NAME IS MOTHERS ANDEN NAME IS MOTHERS AND EN NAME	aper SIR	LAST
16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)  16b. SOCIAL SECURITY NO.  17. IN FORMANT	ADDRESS TO A DOREST	1
H	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	13 PHILIEM !	APPROXIMATE PATERYAL
	PART I DEATH WAS CAUSED BY: Pneumon 1 a		BETWEEN CHIEF AND DEATH
-	Conditions, if any, which		- 100
	gave rise to immediate couse (a) stoting the under-		
15	lying cause last.		
	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).		
CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?		ID, AUTOPSY?
TIFIC			(BODY ONLY)
	216 EXTERNAL CAUSE WAS  216 TIME OF INJURY  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH  P.M.  216 HOW INJURY OCCURRED (ENTER NATURE OF III)  217 HOW INJURY OCCURRED (ENTER NATURE OF III)  218 EXTERNAL CAUSE WAS  218 TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M.  19	INJURY IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  216. PLACE OF INJURY (AT HOME, STREET)  STREET, FACTORY, FARM, ETC.)  216. INJURY OCCURRED  STREET  CITY OR TO	TOWN COUNTY	STATE
	270 I certify that I took charge of the remains described about I QNL Yautapsy . Inspection . Inquiry	y , ond in my apinia	in
	death resulted fram: Natural causes Accident, Suicide, Homicide Undetermined in	manner .	
	ACTUAL SIGNATURE MULTE MEDICAL EXA	DATE 2	3-17-84
	EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Str		
230 E	SPEC REMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OF PREMATORY 234 LOCAL ON CHIP OF CHIP O	COUNTY	A STATE
74.1	ADDRESS 25. DATE REC'D. BY REGISTR		HALLIRE GOOD
1	miley FUNERAL HOME 1348 N. CALLOWN St. MAR 20 198	4 Julia Davidson	
-			



			STATE OF A	MARYLAND ,		
6	1.	FOR STATE	DEPARTMENT OF HEALTI	H AND MENTAL HYGIENE TE OF DEATH	0 6 6 8	
-	-	REGISTRAR	CERTIFICAT	IE OF DEATH	REG. NO.	
phone 1 1 1 1	1. DE	CEASED NAME FIRST	MIDDLE LAST	20.	DATE OF DEATH MONTH	DAY YEAR 26 HOUR
o ŧ	(TYPE	OR PRINT)	, , ,	0.1	10 - /	2/2/2
er deoth		Eliza	seth Canter L	DYPA	Manch	20-8-1 PM
a è	3. SE	(	4. RACE 5. DATE OF BIRT		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		Faranta	DISON DUE	DAY YEAR	01	MONTHS DAYS HOURS MIN.
1		remaile	Black Aug.	31-1907	/ (- YRS.	
8/11		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
9//		N. C	7/, S. A. WIDOWED A	DIVORCED [	Baltimos	DP (it'V MD
6	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTH		USUAL OCCUPATION	126 KIND OF BUSINESS OR
10		2 1 '	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		PE OF WORK FOR MOST OF WORKING LIF	
2/1	11	37/2/MONE	709N, Patter RINPASIL	KAVE,	NUSSE	HOSPITAL
47.	Usu	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			2120
3/1	130.	TATE 136 COUN	-7 / 1	/	STREET ADDRESS / ZIP CODE	0 00
1		10a1		S NO D	EYNOPATIENSI	DNY 28V HVE!
1)	14. F/	THER'S NAME	MIDDLE LAST	AOTHER'S MAIDEN NAME	WIDDLE	LASI
BIV	1	TINKNO.	A A I	Theka	Olalal	that
200	14. 1	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 37 IN	NFORMANT	ADDRESS	
dic 1			MED FORCES: 100 SOCIAE SECORITI NO. 17 III	NORMAIN!	7 . 0	0 .7 -
medi		NO	r R	OSE BYPA	109N. Patter	SON PARK AVE
£/		IN CAUCE OF DEATH (Fater or	nly one couse per line for (o), (b), and (c).)		. 6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-		PART I. DEATH WAS CAUSE	D BY:	DT 1	. +	1.0
		IMMEDIA	TE CAUSE 100 Carry home	INT lung 1	M16	19 months
		1629	DUE TO DE CONSEQUENCE OF	-O-+ 1x		
E	077	Conditions, if ony, which	Townstown (	DAZILATER		Cintaion
1		gove rise to immediate	(6)	-tree He-	(1) Secos	0.3000
		couse (a), stating the	DUE TO OR AS A CONCENCED OF	41017	200	Cultur
		underlying couse lost.	( Ta) Congrettu	un pheart	rollier	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CONDITION GIV	EN IN PART Ita
<u>c</u>	CERTIFICATION					
2	A	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WA	AS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
00	ii.					FYING CAUSES OF DEATH?
2	Ē					S NO
000	W	210. ACCIDENT WAS UNDERLYING	LIQUE A M MONEY DAY VEAD	HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)
E /	A	OR CONTRIBUTING CAUSE OF DE.				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED		LOCATION		
	¥		(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
	1	AT WORK AT WORK	^			
		22s.1 certify that (I) this have	tell attended the deceased from	10 10 74	10 2 - 26	19.8 4 , that (1) (me) fost
<b>9</b>		sow the deceased alive or		at in (my) to printing deat	th occurred on the date and hou	
2		obove, (/)(wet-ider) (did no	ot) view the body ofter death.		The state of the s	
i i		22b. SIGNATURE	DEGR			22c. DATE SIGNED
-	700	mar fre	Swelward M.D.		AEDICAL STAFF IRECTOR PHYSICIAN	13178184
z /		224 PHYS GIAN'S NAME (TYPE	1220	ADDRESS	RECTOR FITTSICIAN	10
ET				UE CHA	SE 88-Balt	tuin (W) 2/202
MPORTANT	20	MARTINT	= JUNG EMALD	11 G- CITT	so bull	
₹	23o	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMET	ERY OR CREMATORY	23d LOCATION	
		SPECIFY	100 100 100 100	C.	PO LA COM	COLMEY SIATE
	-	121181121	1.2-30-84 Ballino	DE CATY	Hallingre	TOXI
83	24 F	UNERAL DIRECTOR	Din Pla A ADDRESS 4 - 14	250 DATE RE	G'D. BY REGISTRAIN FIEGR	UH Arman (Alando 00
		Kandstal	Lloollick 34318.00 mg	MAR 2	8 1984	where the party
	-	- I BLIBLED CARTILI	THE COUNTY OF STIME LEGIC	C. LILLING	7 70 10	

Mark Carlo Commence of the Com He was the transfer in the second distriction and the second seco Consinous of R+ Ling unter 19 months Seemen of the state of the stat 2-1- 24 3- 36 84 -----48 Jack - X, com same Juliet SOLL IN CONTRACT I BECHASE AT MILES MI THOUSE 

2	1.	FOR STATE			DEPARTA	MENT OF H		ND MENTAL HYG OF DEATH	IENE	0 6	0	8 8	
, p		CEASED NAME OR PRINT)	EIRST		MIDDLE	1.	AST	- VENTII	2a. DATE	OF DEATH		DAY YEAR	26. HOUR
moy be poge	3 SE	X	n K	RACE		S. DATE C	DA			IN YEARS LAST BIR	-	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
(A)32	7a. B	Tale	EIGN 76		WHAT COUNTRY?	3uly MARRIE		898 ER MARRIED	9. BALTIA	85 NORE CITY O	R COUNTY	OF DEATH	
by the filed with an analysis of the with an analysis of the a	40 C	Maryland HY OR TOWN OF DEATH Baltimore		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)		DIVORCED TO	(TYPE OF W	Y ALOCCUPATI ORK FOR MOST O INTERNAN	F WORKING LIFE		MD. OF BUSINESS OR
filled in b iould be fil	USU 13a.	AL RESIDENCE HE NURSING		ER INSTITUTION		ADMISSION)	13d INSIE	DE CITY LIMITS?	13e STREE	T ADDRESS /	ZIP_CODE		1228
ampletely	0	John		mas	Cain		Ac	FIRST PIRST	ME	WIDDLE		Morwoo	
be execu		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME IF YES, GIVE W.		219-30-8		Mrs.	Mary Fr	ances	Hunt			DC. 13
equires that the death certifico signed by the attending phys. Then please remove carbonpag to build, cremoving, or remove niury, or ather traumotic event	7	Conditions, if any, v gave rise to immer cause (a), stating underlying cause	which diate the last.	DUE TO, O  OUE TO, O  OUE TO, O	R AS A CONSEQUE  R AS A CONSEQUE  CATURE  CONTRIBUTING TO I	COP ENCE OF	Deres	, intestinates	cul F	Bear Secon	DITION GIVI	EN IN PART 1	10
The law requirection.  The law requirection.  The law requirection is strong and incoming the strong a	CERTIFICATION	19a DATE OF OPERATION	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	20a AL	JTOPSY?	IN CERTIF	, WERE FINDS	INGS USED S OF DEATH?
SICIAN: T ng physici certificate riol-fronsi entol Hygi	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR		W INJURY OCCURI			RY IN ITEM 18 PA	ART T OR PART 2)	
DING PHYS or attendir After this e os the bu aith and M. marked or	MED	21d. INJURY OCCURRED  WHILE DOT WHILE AT WORK	П		REET, EACTORY, OFFICE, F		211 LOC 5	TREET		CITY OR TO	0.24	COUNTY	STATE
ATTEND haspital of AECTOR: yellow the part of the part	8	22e.1 certify that (1) (the saw the deceased above, (1) (we) (did 22h. SIGNATURE	his hospitol) alive an () (did nat) v	attended th	e deceased from			my) (aur) apinian		rred on the de	<del>-</del>		that (1) (we) lost causes stated
HOSPITAL OR ned by the I FUNERAL DIE uld be detach the State De ORTANT, If h		//.	La V		uedo me		22e ADE	ATTENDING PHYSICIAN [	MEDICA			3-6	24-84 Ary
TO HOSPITAL retained by t TO FUNERAL should be deta with the Store MAPORTANT;	23a. I	ANA BURIAL, CREMATION, RE	JCE 6	23b. DATE	140	NAME OF C	EMETERY	Sauf A	1600e	CATION	ei ta	<u></u>	
BP	В	Urial		larch2	7,1984 St	. Ign	atius	Ch.Cem.	H	ickory			Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		630 Edmonds							AR 2	7 1984	Julia D	evidson-	Mandall .



	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7
1	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	JAMES	3 A.	CAIN	March 5.1	984 M
1	3. SEX	4 RACE	5. DATE OF BIRTH	O. M.C.	IF UNDER LYEAR IF UNDER 24 HRS
	Male	Black	5 9 0.5	78, YRS.	MONTHS DATS HOURS MIN.
3	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
1	N.Carolina	U.S.A.	WIDOWED DIVORCED	BALTIMORE CI	TY, MD.
P	19 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR
1	BALTIMORE	4122 KATHLA		(TITE OF WORK FOR MOST OF WORKING CIT	C) INDOSIKI
-	USUAL RESIDENCE IN NURSING HOME CO. 130 STATE 136 COU	UNITY 13c. CITY OR TO	RE ADMISSION) NN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 4122 Kathlan	
9	Maryland	<u>  Balti</u>	IS MOTHER'S MAIDEN NA		id Aveilue
	FIRST	MIDDLE LAST	FIRST	MIDDLE	Winn
4	Charlie 160 WAS DECEASED EVER IN U.S. A	Cain RMED FORCES? 166, SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	WINN
		GIVE WAR OR DATES)	-7487 Catherine	Smith 4122 Ka	thland Avenue
	PART I. DEATH WAS CAUS	ATE CAUSE 10)	wpulmonary	arest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1213	DUE TO, OR AS A CONSEQU	JENCE OF		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
			DEATH BUT NOT RELATED TO THE TERM		EN IN PART 1(0
1	THE DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)

216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2)

21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h. SIGN ATURE 22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING PHYSICIAN MEDICAL STAFF 22e ADDRESS

STATE

NOT WHILE

230. BURIAL, CREMATION, REMOVAL 23b. DAJE 3/10/84

23c. NAME OF CEMETERY OR CREMATORY Mount Zion Cem.

Lansdowne,

Md ATE

24 FUNERAL DIRECTOR

MEDICAL

C March F/H Inc, 1101 DOTE North Avenue

250 DATE RECD. BY REGISTRAN 250 REGISTRAN'S SIGNATURE MAR 0 8 1984 Live Daydson-Randelle

COUNTY

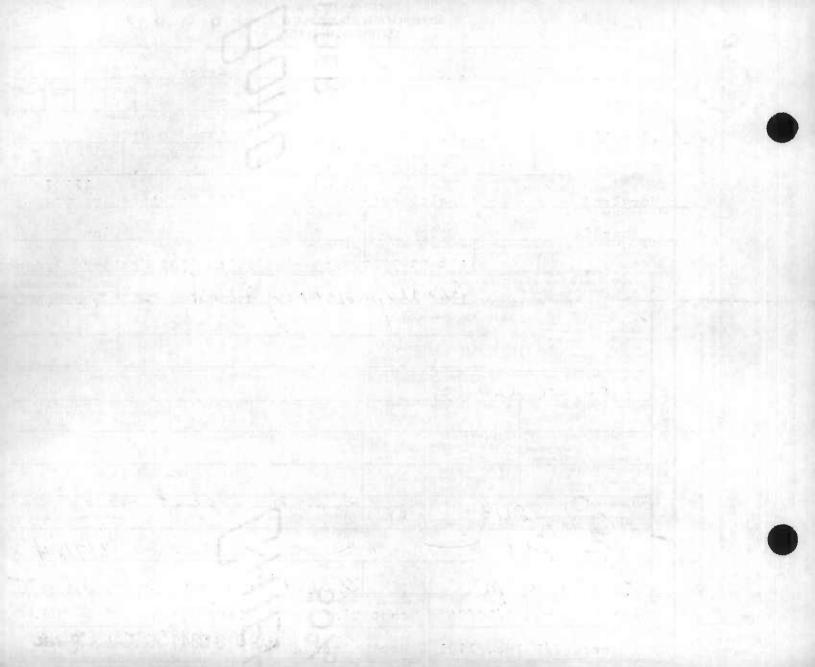
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

MPORTANT: If he

use os the buriol-tronsit permit. Then p Health and Mental Hygiene prior to bur



## STATE OF MARYLAND DEPARTMENT OF

HEALTH AND MENTAL HY FICATE OF DEATH	GIENE	6	REG. N	10.	u			
LAST	20 DA	TE OF (	DEATH	MONTH	D	AY YEAR	2b. HOU	R
LAWELL			3	11	41	84	12:2	co
OF RIPTH 90	6 AGE	LIN YE	ARS LAST RI	RTHDAY		F UNDER LYE	AD IF UNDER	24 HPS

	REGISTRAR		CEKTIFI	CATE OF DEATH	REG. N	D.		
	CEASED NAME FIRST	WIDDLE	I.A.	YZ	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	FRA	NK J	CAL	PWELL	3	114/8	4	12: 26 N
3. SE		4. RACE	5. DATE OF	BIRTH 99	6 AGE (IN YEARS LAST BIR	THDAY) IF UN		IF UNDER 24 HRS.
	MALE	BUSCK	4	. / . / . /	69	YRS.	DATS	MIN.
70. B	IRTHPLACE (STATE OF BRIDE	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	EATH	
10	MINOR CO	434	WIDOWED		mari	MORE	es	174 MD
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OTHER INSTITUTION	120 USUAL OCCUPATI		b. KIND OF	BUSINESS OR
	BALTIMORE	Lui	THERA	N MOSPITAL	Ror	WORKING THE JI	OUSTRI	
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	MO 1E	A110 13001	100006	YES NO	68009	APAR	UBA	1 DR
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-	THE MAS	LALDWSTI		CHORLO	MAG STR	5576	N IASI	
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		only ane cause per line far (o),				Í	APPROXIM BETWEEN OF	ATE INTERVAL
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100	gave rise to immediate cause (a), stating the			THE REST AS ET				
	underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF			-		
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	IG TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OF CON	DITION CIVEN IN	L D A DY 1	
Z					THE DISEASE ON COIL	JIII OI V DI V EI V II	TAKI IIU	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WASPERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDING	GS USED
TIFK					YES T NOT	IN CERTIFYING	CAUSES	OF DEATH?
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR			OR PART 2)	
	OR CONTRIBUTING CAUSE OF							
WEDICAL	21d INJURY OCCURRED	P.M.  21e PLACE OF INJURY	19	211 LOCATION				
ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN C	OUNTY	STATE
	AT WORK AT WORK	spital) attended the deceased	3	12 84	31	10	P7/	
	sow the deceased alive	11/1/	87/	that in (my) (aur) apinian a	leath accurred on the do	te and hour and		not (I) (we) lost
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	1220 SIGNATURE	VID. 5	n -	ATTENDING	MEDICAL STAI		22c. DATE S	all.
	22d. PHYSICIAN'S NAME (TYP	F OR PRINTS	- ~	PHYSICIAN [	DIRECTOR PHYSIC	IAN	3/1	4/80
	LE DU	<b>1</b>	ETO	CHI H	Par	HOSP.	ITA	1
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230 E	BURIAL, CREMATION, REMOV.	3/18/84	Z3c NAME OF CE	METERY OR CREMATORY	23d LOCATION	cor	NYA:	STATE

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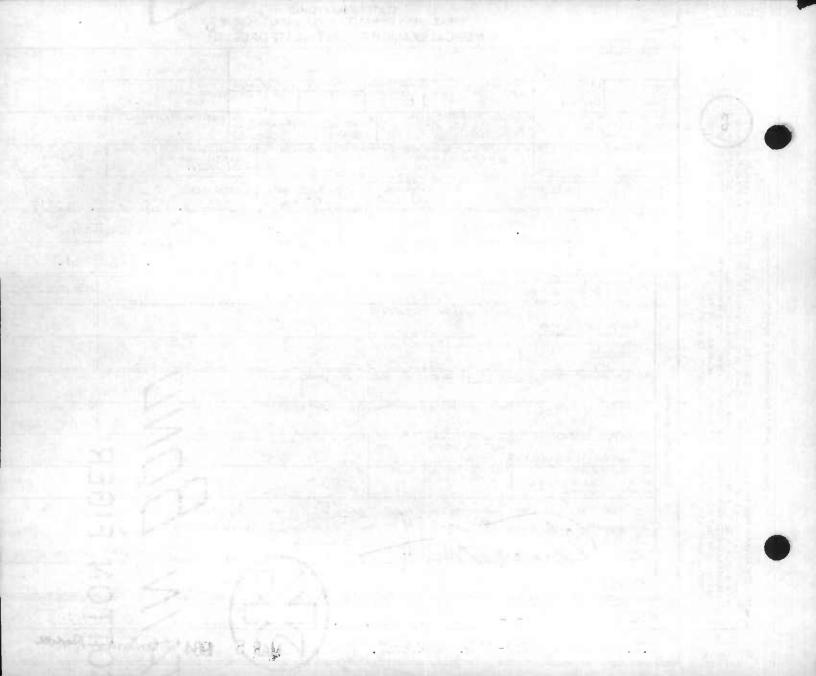
IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event.

24 FUNERAL DIRECTOR MANNE face to Otango 638 Montes 41/mm st

250 DATE REC'D, BY REGISTRAR 256 REGISTRARIS SIGNAL AND WAR 1 6 1984

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR REG. NO MIDDLE DECEASED NAME KNOWN V 20. DATE DAY 2b. HOUR (TYPE OR PRINT) ESTI-Brian DEATH MATED 3/2/84 Calhoun 7:58 P M 4. RACE IF UNDER TYR. DAY 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE S BIRTHDAY) PRONOUNCED Male BLACK 68 DEAD 3/2/84 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED XX MARYLAND US Baltimore City DIVORCED WIDOWED ES 1, 2, AND 3 TO THE PM 3. RETAIN PAGE ND 2 SHOULD BE FILET FVITAL RECORDS, 201 12a. USUAL OCCUPATION ETYPE OF WORK 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Pulaski Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY YES NO 13e STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 MARYLAND PAVSON ST 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MENSON MELTNDA MIDDLE JAMES LAST CALHOUN HIEF MEDICAL EXAMINER ALONG WITH FORM PM USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND OF HEALTH AND MENTAL HYGIENE, DIVISION(OF VIT 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO ADDRESS MELINDA CALHOUN 1810 N. PAYSON ST. 21217 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of head OR REMOVAL IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES XZ NO [ EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIWORE, MARYLAND, 21201 PROR TO BU 21m EXTERNAL CAUSE WAS HOUR XX. MONTH DAY YEAR 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 7: 45 P.M. 3/2/84 subject shot 21e PLACE OF INJURY (AT HOME, 21 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE AT WORK AT WORK house Pulaski Balto. City Md Autopsy X 22a. I certify that I took charge of the remains described above, held on and in my apinian Hamicide X death resulted lin Undetermined manner TITLE (SPECIFY) SIGNED 3/3/84 Chief SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY BURIAL 3-7-84 BALTIMORE MARYLAND KING MEM. PK. BP 24 FUNERAL DIRECTOR **DHMH - 17** E.L. PHILLIPS 1721-27 N. MONROE ST. (VR A15 ME (5)) 20M 4/82



<	1	FOR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG	IENE () 6 6 9	2
	11	STATE REGISTRAR	23. 7	CERTIFICATE OF DEATH	REG. NO.	6.24
noy be poge 3 or death		CEASED NAME FIRST ALICE	MIDDLE	CALTRIDER	2a. DATE OF DEATH MONTH	7 84 45 M
pr bo	3. SE	Fende	1. RACE White	5. DATE OF BIRTH  MONTH DAY YEAR  12 1912	6. AGE (IN YEARS LAST BIRTHDAY)  72  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
(1)	7 76. B	IRTHPLACE (STATE OF FOREIGN COUNTRY) Mary Land.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	TY OF DEATH
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on c cc	2 160	WAS DECEASED EVER IN U.S. ARA YES, NO GRUNKNOWN) (HE YES, GIVE	MED FORCES? 166. SOCIAL SECU (WAR OR DATES) 215-2	17. INFORMANT 4-089 Margaret	Fitcher, Dans Old Frederick	phtersykesville,
quires that the death certifica signed by the attending phys Then please remove corbonopol to burial, cremation, or remove niury, or other troumatic event,	NC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b) D 1 5 7 8  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	NCE OF AOR-	TIC ANEW	RYSM .  SIVEN IN PART 1(0)
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hospital hospital IRECTOR: ched for us ept. of Hem 21 is		22a. I certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE)	3/7/ 198	DEGREE	, to Standard and the date and h	., 19 , that (1) (we) last our and fram the causes stated 22c. DATE SIGNED
HOSPITAL ined by the FUNERAL uld be detromated to the State ORTANT:		Abdul 11W 22d PHYSICIAN'S NAME (TYPE OF ABDEL AZ	PRINT) 12 EL SAD.	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN DE PHYSICIA	, Croffer
BP	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY MOTATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME EBER FUNER	AL HOME EDM	5311 ONDSON AME OS	1984	SXRAMONATORE T

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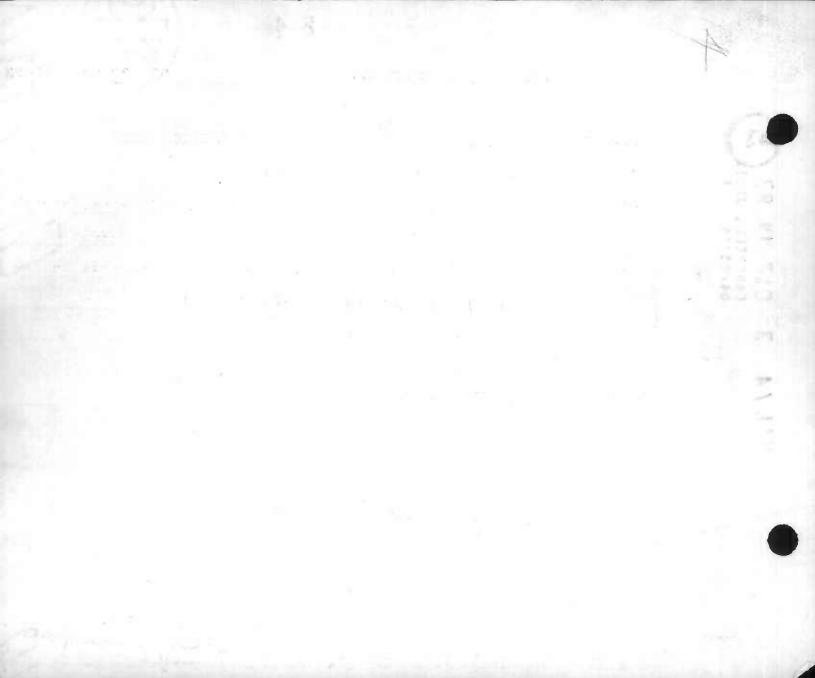
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9 774		CEASED NAME OR PRINT)	JAQU.	ELIN '	MARSHALL	CAL	ERT		2a. DATE OF D		DAY 24	- 1	225 M
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21201 haurs offer be file	1	TY OR TOWN OF DEATH Baltimore		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Sinai Hospital				cupation or most of working memaker		KIND OF	BUSINESS OR		
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be execu	164 V	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (	U.S. ARMEI	D FORCES? AR OR DATES)	16b. SOCIAL SECU 215-82-4		G. Dav	is Cal	vert	Same		-31	ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours cottending physician and completely filled in by os the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Memal Hygiene prior to buriol, cremotion, or removal.	NO	Conditions, if ony, we gove rise to immediate (a), stating	which diote the lost.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE OLZ HELL	ENCE OF		SEP	MINAL DISEASE C	bleed,	de la	Thy PART 110	
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VISION OF VITA  G PHYSICIAN. Th  Differending physicion  or this certificate Is the buriol-transit  ond Mental Hygies  ked or flem 18 sfG	MEDICAL CE	216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	EXAMINER)	P., 210. PLACE	M. MONTH DA	AY YEAR 19 ARM ETC)	21f. LOCATE STREET	ON		E OF INJURY IN ITEM 1	mu.	PART 2)	STATE
OR ATTENDI Hospital on DIRECTOR: A tched for use tched for use		220.1 certify that (1) (the saw the deceased above (1) (we) (did 22b. SIGNATURE)	nis hospital) alive on (did not) v	iew the body		84 , ,	DEGREE M D	, 19 24 ) (our) opinion ATTENDING PHYSICIAN	MEDICAL	on the date and h	our and f	,	
O HOSPII broined b TO FUNE with the Si		220, PHYSICIAN'S NAM	A	MA	4 INE		22e. ADDRES						
BP		BURIAL, CREMATION, RE Burial		Mar. 2	236.1 1984 <b>,</b> 7	Loude	emetery or on Park		23d. LOCATI CITY OR Balti	more Cit	y . M	lary1a	state and
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR  NAME  tchell-Wied	lefe <b>l</b> d	Home.	ADDRESS Inc. Ba		York R	AA D		184 Julia	Jan d	SIGNATUR	endall.

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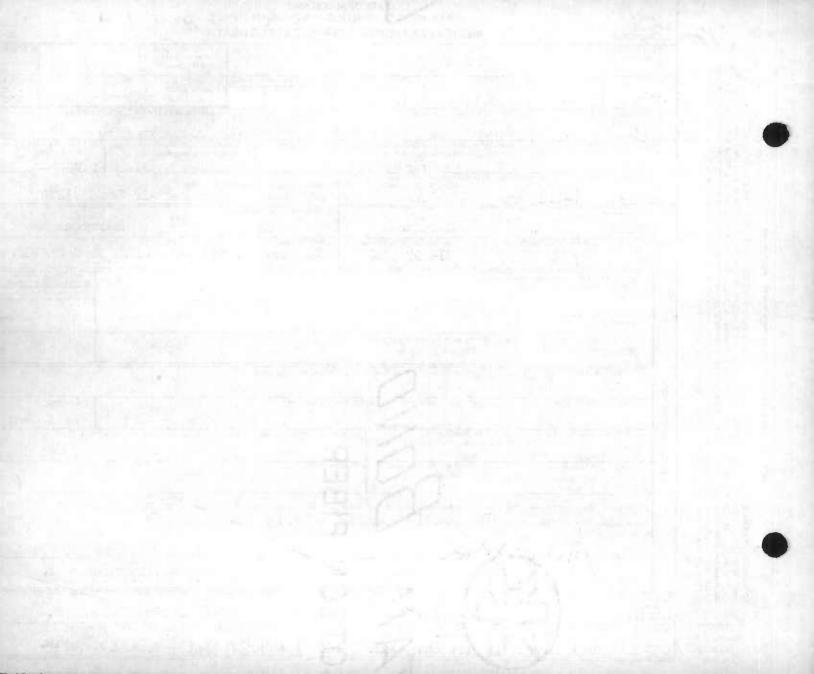
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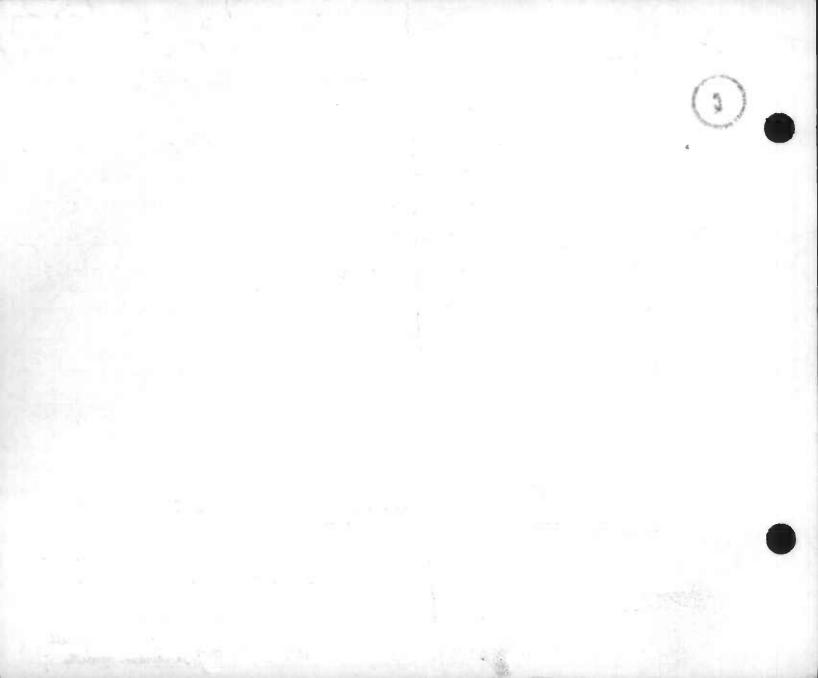
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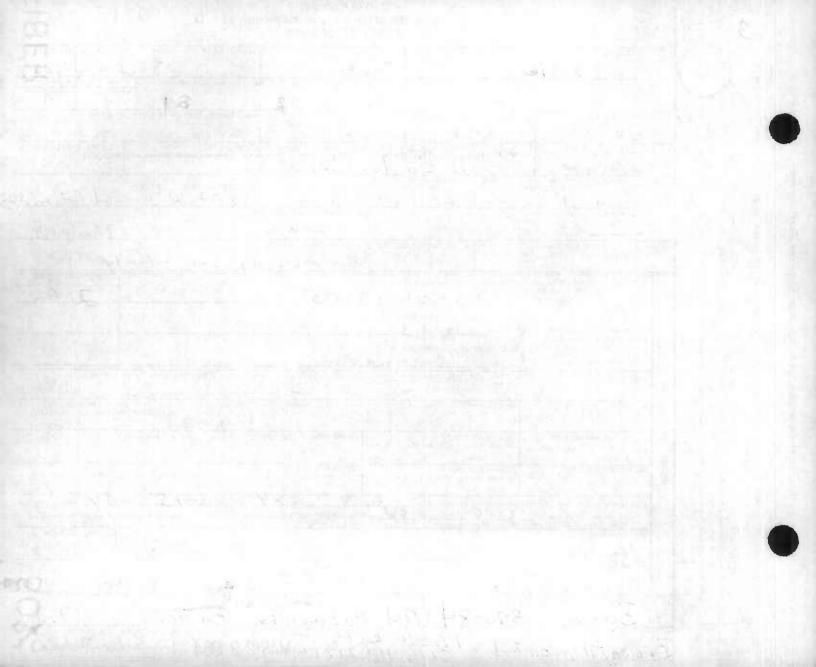
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE U

1	1-	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	).				
Ì		CEASED NAME	FIRST	A	IDDLE	ı	A5T		20 DATE C		нтиом	DAY	YEAR	26 HOL	UR
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1	3.5EX		4.	RACE	4	5. DATE C		YEAR	6. AGE (IN	YEARS LAST BIRTI	HDAY)	MONTHS	DAYS	IF UNDER	R 24 HRS
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Ÿ	USUA 130. S	AL RESIDENCE (IF NO	IST COUNTY				A 12 A INICIDE	CITY LIMITED	Lia CTOFFT	ADDRESS /	710 000				
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0		THER'S NAME		DDLE	LAST		15. MOTHER	'S MAIDEN NA		MIDDLE			LAST		
Ü	0	John	MIL	W.	Carro	011		E11a		WIDDLE		J	one		
		VAS DECEASED EVE		D FORCES?	166 SOCIAL SEC		17_INFORM		-	ADDRE:	SS				
	(4	YES, NO OR UNKNOWN)	( IF YES, GIVE V	VAR OR DATES[	039-07	-3185	Cunt	hia L.	Carro	011 6	06 A	shb	urt	on	St.
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1		underlying cou		(10)	AS A CONSECU	EINCE OI									
	/	PART 2 OTHER SI	GNIFICANT CO		NTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEA	SE OR COND	DITION GI	VEN IN F	ART 10	31	
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	E								YES 🗌	NO	E .	ES 🗌		NO [	
0		21a. ACCIDENT WAS L		11b. TIME OF	INJURY A. MONTH D	DAY YEAR	21c HOW I	NJURY OCCUR	RED (ENTER	VATURE OF INJUR	Y IN ITEM T8	PART I OR I	PART 2)		
	CAL	(IF EITHER, NOTIFY M	-	P.A		19									
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	~		WHILE												
	ш	22s.1 certify that	(this hospital	) attended the	deceased from.	teb.	22,	19.84	, , , ,	larch 1	12				(we) lost
		sow the dece above, (IXwe	ased alive on	March view the back	ofter death#	84.0	nd that in (K)	) (our) apinion	death accur	red an the da	ite and ha	ur and fr	om the	causes st	tated
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П		224 PHYSICIANS	NAME (TYPE OR P	RINI)	1		223 4PO 8	SLoch R	aven E	Blud. 1	Balto	Md	212	18	
		De	inne	Sm	007 m	$\mathcal{D}$									
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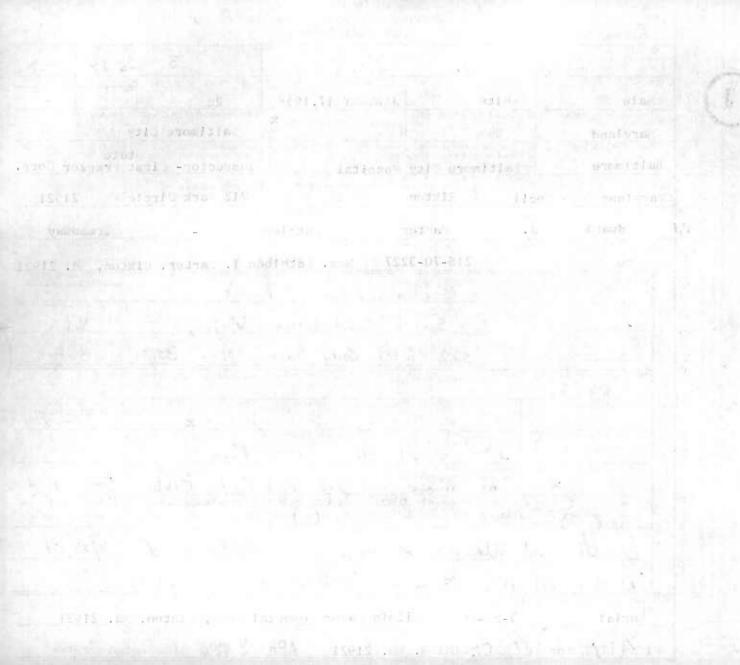


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2	1.	STATE REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO		
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kow of the second	3. SE	X	4. RACE	5. DATE OF 8		6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER TYE	AR IF UNDER 24 HRS
d age		F	N	MONTH OG	- 18 - 02	8	YRS. MONTHS DAT	YS HOURS MINL
orth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIED L	NEVER MARRIED	121	OVE CITS	
s ofter dea	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, IN NEMOTIN SUCH FACILITY, GA			120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126. KING	D OF BUSINESS OR RY
24 hours	130 S	aryland 3 cou		Homore 130	. INSIDE CITY LIMITS?		ZIP CODE	Ct 2/3
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e execute n and cor Page		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIA	AL SECURITY NO. 17.	INFORMANT	dez 3601.		-54-
equires that the death certificate in signed by the attending physici. Then please remove carbon poper to burial, cremation, or removal, injury, or after froumatic event, the	) NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTING	NSEQUENCE OF		MINAL DISEASE OR CON	DITION GIVEN IN PART	1(0
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the the	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		LOCATION STREET	CITY OR TO	wn COUNTY	STATE
or o		22a.1 certify that (1) (this hosp	oital) attended the deceased	from 3 -	8 19 8	1. to 3-1	5 1909	_, that (I) (we) los
TTEN ortol For o		saw the deceased alive of	n 3 - ( C ot) view the body ofter death	_19_84, and th	nat in (my) (aur) opinion	death occurred on the de	ate and have and from t	the couses stated
R ATT hosp IRECT hed fo ept o		22b. SIGNATURE	or view the body offer deoff		GREE		22c DA	AJE SIGNED
0 4 0 0 0		Alas meleci	20		ATTENDING PHYSICIAN	MEDICAL STAI		15/84
TO HOSPITAL ( retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		224. PHYSICIAN'S NAME (TYPE	1	27	e ADDRESS			6 - Mh
TO HOSI	-		ndez	I sa www.sos.ss		tanover	Jt /3a/	
BP		BURIAL EREMATION, REMOVA (SPECIFY) DUTIÁ	3-20-84	M+. A	uburn Ce	23d LOCATION	COUNTY	mys .
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	19.	13/11 Bu		TE REC'D. BY REGISTRAR		
(VRA 15, 4)	1/5	Parin things	OFH. S	1 In md	7.17.75 MAF	2 2 1984 9	dia Davidson-1	fandelle



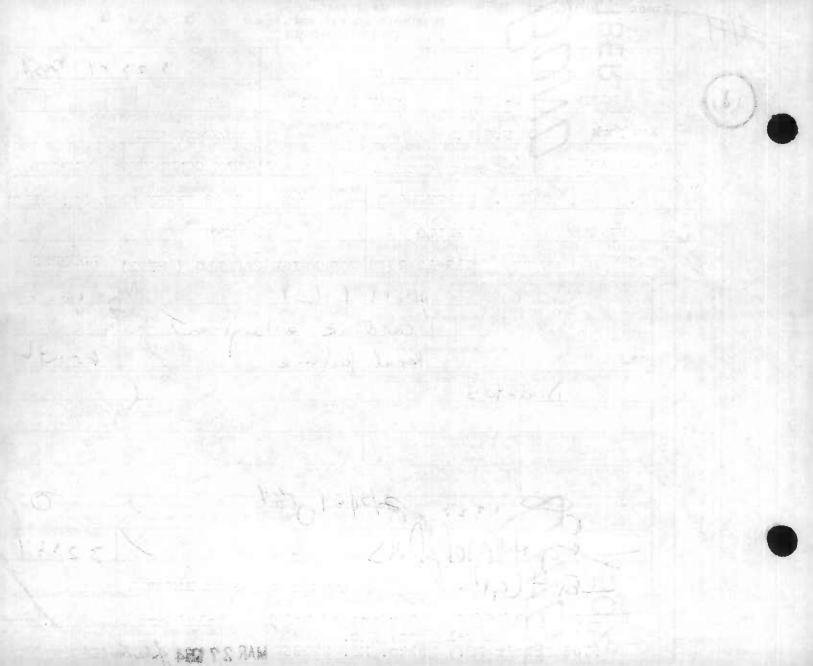


	FOR 1 - STATE	DEPART	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE () 6 / 0	3
	REGISTRAR  1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	CAST	REG. NO.  20. DATE OF DEATH MONTH DAY  3	10.1100K
	3. SEX	A. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER YEAR FUNDER 2 HRS
(1)	Male	White	JANUARY 17,1958	26 YRS.	
106	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
og and	Mary land  10. CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	Baltimore City	MD.
by the filed we	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE  Baltimore City		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SET) Inspector - First	126. KIND OF BUSINESS OR AND STRY  Freezer Corp.
ND 212	13a STATE 13b 00	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)  NN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 212 Park Circle	21921
rely f	14. FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
MAR wed w	Edward	J. Carte	er Kathlee	MIDDLE	Treadway
ORE,	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
Seattimore of be execu- ysicion and c pers. Pages of the	No	218-70-	3227 Mrs. Kathle	en T. Carter, Elki	on, Md. 21921
ST., BAL errificote g physici an poper emavol. event, th		only one couse per line for (o), (b), o SED BY: ATE CAUSE (o)	nd (c).)	luest	ÁPPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH
	7 8705	DUE TO, OR AS A CONSEQU			2/1
he death come of the death composed cort rate motion, or rate of the cort of t	Conditions, if ony, which	(p) 2500	re Inholotion	Injury	Johns
that the that the case rer oil, crem	couse (a), stating the underlying couse last.	Due to, or as a consequence of the consequence of t	Total Body Surfa	ce Aica Buins	36 his
S e s		T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIVEN	I IN PART 1(o)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offer this certificate has been signs the burial-transit permit. They as the burial-transit permit. They are and Mental Hygiene prior to be orked or They	Obes's ty	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIFYII	WERE FINDINGS USED NG CAUSES OF DEATH?
TTAL	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		YES NOW YES	
OF VI	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR HOUS	e Fire	
PHYS ending this color of Me burned Me	(IF EITHER, NOTIFY MEDICAL EXAMI	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE
orte de la contra del contra de la contra del la contra de la contra de la contra del l	AT WORK AT WORK	At Hom	e 212 Park	C 1 -111	Cecil Md.
0 4 9 9	22a I certify that (I) this ha	spital attended the deceased from	G2 / 4	to March 25 19	84 , that (I) (we) ast
R ATTEN hospital IRECTOR hed for up Hept, of H		on March 25 19 not) view the body ofter death.		deoth occurred on the date and hour o	
0 0 0 0 0	Walte	W. Worce	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/25/84
TO HOSPITAL Cetoined by the TO FUNERAL Established be detroited with the Store EMPORTAL HOSPITE ESTAPE	22d. PHYSICIAN'S NAME (TYP	1. Morgan W	Ballinuove	City Hospitals	
0 € 5 € 3 <b>₹</b>	230. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	(SPECIFY) Burial	3-28-84	ilpin Manor Memori		
DHMH-16 30M 2/80 (VRA 15, 4)	HICK SHOPE TO	FUNERALS ELKTON	25a. DA	TE REC'D. BY REGISTRAR 256. REGISTRA	



20M 4/B2

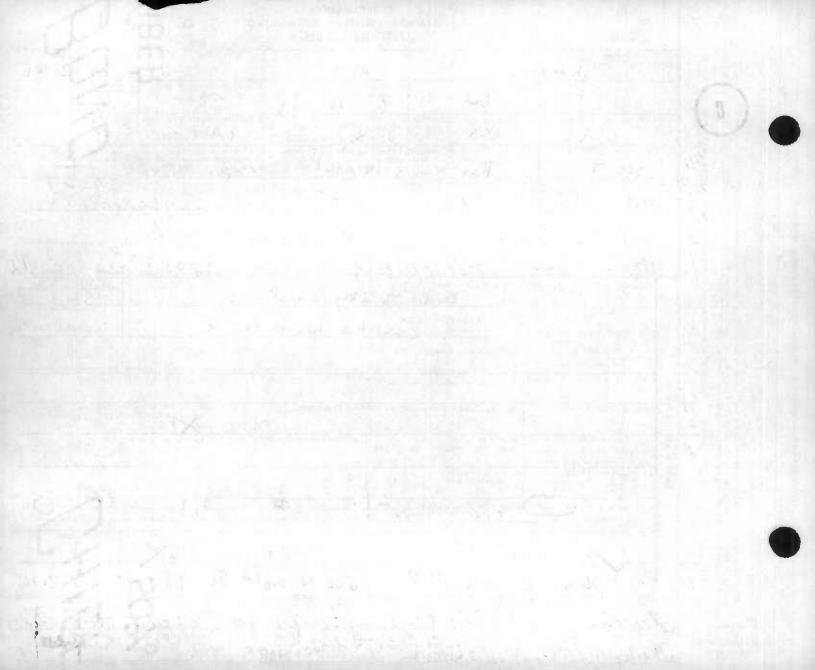
HAR 2 SEA SEA FILE CHARLES



5	FOR STATE REGISTRA	R	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE () 6	707
oy be deoth	1. DECEASED NA	Ralph	9	LAST	3-13-84 MON	TH DAY YEAR 26. HOUR 5:15 P.M
ge 4 mo; ector, po	3. SEX Mal	2	RACE	5. DATE OF BIRTH  MONTH  3-19-1893	6. AGE (IN YEARS LAST BIRTHDA'	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
n 72 hor	70. BIRTHPLACE COUNTRY)  Ital		L.S.A.	*** 8.  **MARRIED *** NEVER MARRIED **  **WIDOWED *** DIVORCED ***	9. BALTIMORE CITY OR CO	
(T) 00	10 CITY OR TOW		(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION LEET ADDRESS) LU Road -21239	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS OR
	USUAL RESIDEN 130. STATE	CE (IF NURSING HOME OR OI 13b. COUNT	THER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION)	13e STREET ADDRESS	
MARYTAND 2 120	4 FATHER'S NA	O MI	asella.	15 MOTHER'S MAIDEN N		LAST
BALLIMORE, one be executioned expers. Pages ppers. Pages vol the medico	168 WAS DECEA	SED EVER IN U.S. ARMI (NOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SE 216-03.	CURITY NO. 17. INFORMANT	ADDRESS	21239 38 Manle Hill Rd.
res that the death certificated by the ottending phy please remove carbon privacy, or other traumatic even	Candition gove ris couse (i underlyin	DEATH WAS CAUSED  IMMEDIATE  In immediate  In immediate  In immediate  In cause last	DUE TO, OR AS A CONSECTION OF AS	natory arrest	nal attophy	i-2 days  2-3 years  DN GIVEN IN PART 110
The low required to the lo	TIFIC	F OPERATION		CH OPERATION WAS PERFORMED	YES NO NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
SiCIAN: The paysicion certificate trial-transit ental Hygie them. 18 sho	OO COLIVER	NT WAS UNDERLYING UTING AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER MATURE OF INJURY IN	ITEM 1B PART 1 OR PART 2)
DING PHYSICIAN: The or ottending physicion After this certificate had as the buriol-tronsit polith and Mental Hygien morked or Hem-18 show	ш	OCCURRED AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	ZII LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND! pital or TTOR: A for use of Heol	saw t	ne deceased alive an_	ol) ottended the deceosed from	107	n death occurred on the date of	, 19.24, that (I) (we) lost and hour and from the couses stated
OR DORE	22b. SIGN/	Dan 11	t. musougal	DEGREE MID: ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	271. DATE SIGNED 3/14/84
TO HOSPITAL retoined by the TO FUNERAL with the Store with the Store IMPORTANT:		ACOUGAL		220 ADDRESS SUITE # 306	, PROF. BLOG, 56	OI LOCH RAVEN BLU BALTO MD. 2123
PP	23a BURIAL, CRE (SPECIFY)  BUILD		23b. DATE 23	R. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIR	ECTOR	uc-6415 Belair	Holy Redeemer Cem. SRd21206	ATE REC'D, BY REGISTRAR 256.	REGISTRATE STORM TURE

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1				STATE OF MARYLAND	0 1	, 0	3	
70	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	•	3 0	0	
	I. DE	CEASED NAME FIRST	MIDDLE	IAST	REG. NO	MONTH DAY	YEAR	2h HOUR
		O0 000 T1	ERINE	CASEY		3 4	84	2:30 Am
	3. SE		1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	-	NDER I YEAR	IF UNDER 24 HRS
1	J. JE.	F	W	MONTH DAY YEAR	80	YRS. MONT	HS DAYS	HOURS MIN.
10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OF		DEATH	
7	l '	USA	USA	WIDOWED DIVORCED		INRE (	ITY	MD.
21/	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		26. KIND C	F BUSINESS OR
4	10	see 9	Bon Sec	ours Hospital	HOMEM			
K	USU. 13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY 13c. CITY OR 1	EFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	212	229
9		M D	3 ALTO		37316	ren	ell	Pel.
12	14. F/	THER'S NAME	MIDDIE LAST	15 MOTHER'S MAIDEN N	IAME PAIDDIE	0	IAS	ī
10	0	schorey of	mgan	Prida	H of our	ike_		20
1	16a \	VAS DECEASED EVER IN U.S., YES JO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRE	. 00	312	29/
		100-1-	3/6-0	99-1739 XOCK TV	42M 373	ICLO	ies	cel 4
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b)	in the west	()		BETWEEN	MATE INTERVAL
4			IATE CAUSE (o)		\		2	min
		4280	DUE TO, OR AS A CONSE	EQUENCE OF	failure		50.1	eal wee
		Conditions, if ony, which gove rise to immediate	(b)	Congestive news	441100-6		700	7001
		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF				
			(5)	TO DEATH BUT NOT RELATED TO THE TER	PARINAL DISEASE OD CONT	NITION CIVEN	IN I DADT 3.	
	z	PART 2 OTHER SIGNIFICAN	I CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	KWIN AT DISEASE OR CONF	JITON GIVEN	IN PART II	a
01	ATI	19a DATE OF OPERATION	19b. CONDITION FOR WE	TICH OPERATION WAS PERFORMED	20a_AUTOPSY?	20b. IF YES, W		
11	E				YES TI NO	IN CERTIFYIN		NO [
0	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
1		OR CONTRIBUTING CAUSE OF		DAY YEAR				
/	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	4451	COUNTY	STATE
	X	WHITE NOT WHITE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC ) STREET		VN	COUNTY	SIAIC
		22a I certify that (I) (this ha	spital) attended the deceased from	0 11	(	, 19_	84	that (I) (we) lost
		saw the deceased alive	on 3/4	9_89_, and that in (my) (our) apinio	on death occurred on the do	te and hour an	d Irom the	couses stated
		226 SIGNATURE	nat) view the body after death.	DEGREE			22c. DATE	SIGNED
		/frug	luns?	ATTENDING PHYSICIAN	MEDICAL STAF		-73	
1		224. PHYSICIAN'S NAME (TYP	- 11 01 11	22 ADDDESS	16 50 -	114	· M	0
		MARK	E. UMI M	1. 600 N. W	JOINE SK C	14/1mm	()	1 2100
	23a.	BURIAL, CREMATION, REMOV	AL 23b. DAJE	2) TRAME OF CEMETERY OR CREMATORY	23d LOCATION	A	May	tour
	6	unal	3/7/844	calcing ometer	4 248 DAOOL	rust.	ali	e oker
33	24年	UNERAL DIRECTOR	4 150	1. E 7 ml 2,22 250 D.	ATE REC'D. BY REGISTRAR	25 REGISTRAR	SSIGNA	Mark M.
	(0	Korlos & Stra	4 - Less of Home	15. Food 21730 M	AR 5 . 1984	Junia Dav	10007	-



injury, or other traumatic event,

MPORTANT: If Hem 21 is marked be the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TATE EGISTRAR			-	CERTIF	ICATE OF DEAT	TH	REG.	NO.			
1. DECEA	ASED NAME	FIRST	/	MIDDLE	1	AST	. 3	a DATE OF DEATH	HINOM	DAY YEA	R 26.	HOUR
(TIPE OR		emon	7		CAN	ED		2	3	19 fg	1/1	2 40 AM
3. SEX			RACE		5. DATE O			AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 Y		INDER 24 HRS
	10		1		MONTH	12	YEAR /	7-7	YRS		AYS HO	URS MIN.
7a BIRTH	PLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUN	ITRY? 8.	1	5 9.	BALTIMORECITY			Н	
	INTRY)				MARRIE			Bul		()	-	/
	abama OR TOWN OF DEA	TH 1	U.S.		URSING HOME (	DR OTHER INSTITUT		2a USUAL OCCUP	ATION	12h KIN	ID OF BL	ISINESS OR
	201				STREET ADDRESS)		1	TYPE OF WORK FOR MO				
1151141	RESIDENCE (IF NURSI	NG HOME OR O	ANIV	CINE DESIDENCE	F /IIA	KYLAND						
13a STA	TE	13P CONIL		13c CITY OR		134 INSIDE CITY L	IMITS?	SESTREET ADDRES				
	ryland			Balt	imore	YESXX NO		4 N. Be	ental	ou St	. 2	1223
14. FATH	IER'S NAME FIRST	MI	DDLE	LAS	ST .	15 MOTHER'S MA	(IDEN NAME	MIDD((			LAST	
	S DECEASED EVER !			16b. SOCIAL	SECURITY NO.	17 INFORMANT		ADI	DRESS			
	YES	(IF YES, GIVE V	VAR OR DATES)	217-	07-8950	Ruby L	. Cav	ver 4 N.	Ben	talou	St	reet
1.0	CAUSE OF DEATH	LiEnter male						0		API	PROXIMATE	INTERVAL T AND DEATH
1"	PART I. DEATH WA	AS CAUSED	BY:	Car	dia	6 lmo	naru	Unne	not.	BETW	EEN ONSE	IANDDEATH
	2000	MMEDIATE		-w	any	14011001	1	WUL			100	
	2010		DUE TO, O	R AS A CONS	SEQUENCE OF		11/12	- 04 4.4.	16	20.1	17	da
	Conditions, if any, gave rise to imm		(b)	11/10	umon	ia came	y of	ueaume	or say	25.20	-/-	day
	couse (a), stating underlying couse	last.	DUE TO, OI	R AS A CONS	SEQUENCE OF	ibras.	Ś			1	Ton	ths.
	ART 2. OTHER SIGN	IFICANT CO	INDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CO	NOITION	GIVEN IN PAR	RT Ira	
CERTIFICATION	IPREN	111.	DEH	YORK	27/000	ANEMI	A					
Y 190	B DATE OF OPERAT	ION	196 COND	TION FOR W	HICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		YES, WERE FIL		
E	-	-		_				YES   NO	1	YES		IO [
E 21	a ACCIDENT WAS UND		216. TIME O			21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM	B PART LOR PAR	T 2)	
	OR CONTRIBUTING C		HOUR A.		DAY YEAR		-					
	IN JURY OCCURR		21e. PLACE		17	21f LOCATION						
	WHILE NOT WITH		(AT HOME, STE	REET, FACTORY, O	OFFICE, FARM, ETC )	STREET		CITYO	1	COUNT		STATE
	a. I certify that (1)		Dottended th	e deceased f	10m 3//6	184	. 84	10 31	19	10 8	that	(IX (we) last
"	sow the decease	dalive on_	3/14		53///	nd that in (my) (our	) opinion de	oth occurred on the	date and l	our and from		
22	above (I) we) (d	id) (did nat)	view the bady	after death.	1	DEGREE					ATE SIG	
	Ain	1/1	no tine	2. 91	10000	ATTE			TAFF	- 3	-/	7-84
22	A PHYSICIAN'S NA	ME LIVE OF	PINT	Ty	www	MD PHYS	SICIAN [	DIRECTOR   PHY	SICIAN			/ 0 /
"		m 2 1			-	70	0	2 - 4	-0	A.		
		SYC	AN	TIME	GARL	1	0.0	CEENE	307	DA	I	MI
	RIAL, CREMATION, I	REMOVAL	3/23	184		EMETERY OR CREA		OWING	Mi 11	COUNTY		M'd".
			3/23	/ 04	Galli	on Fore		DEC'D BY DECISIO			-	
174 FLINI	FRAI DIRECTOR						125a DATE 6	REC'D BY REGISTR	ARRISA REO	PSTR MP'S SIG	FEATACE AST	THE ?

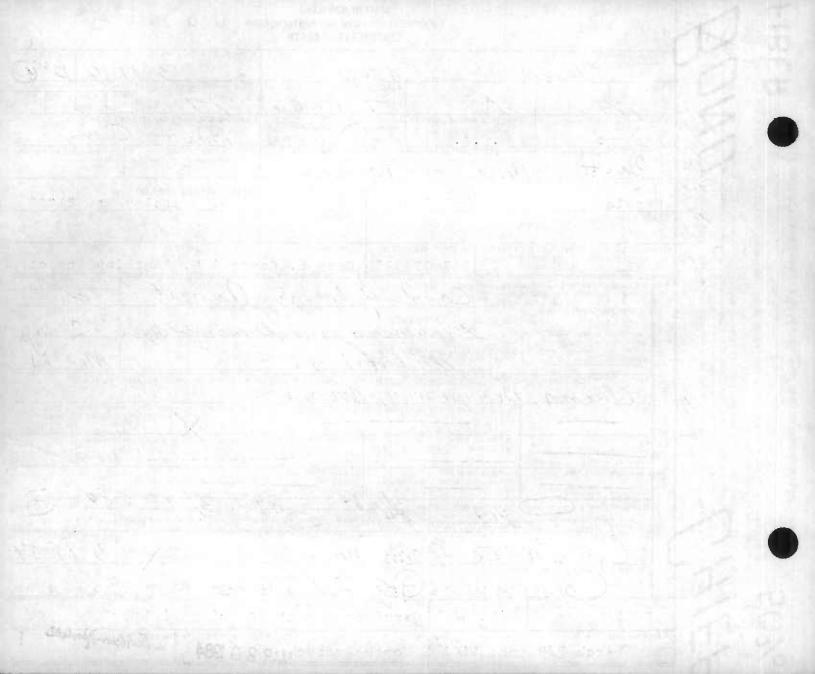
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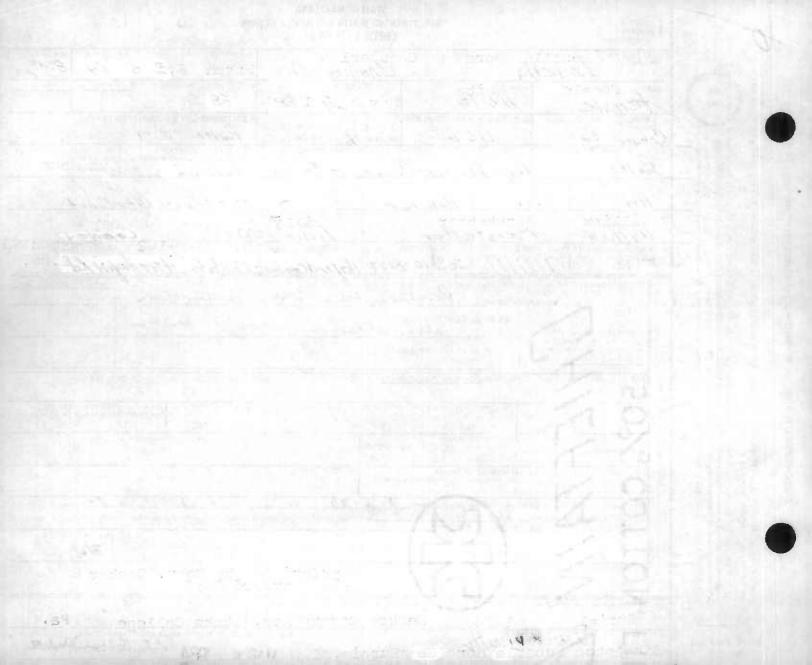
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FOR

Cammarch F/H Inc. 1101 North Avenue MAR 2 0 1984

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	R ATTENDING PHYSICIAN: The law requires that the death certificate to	retained by the haspital or attending pl
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

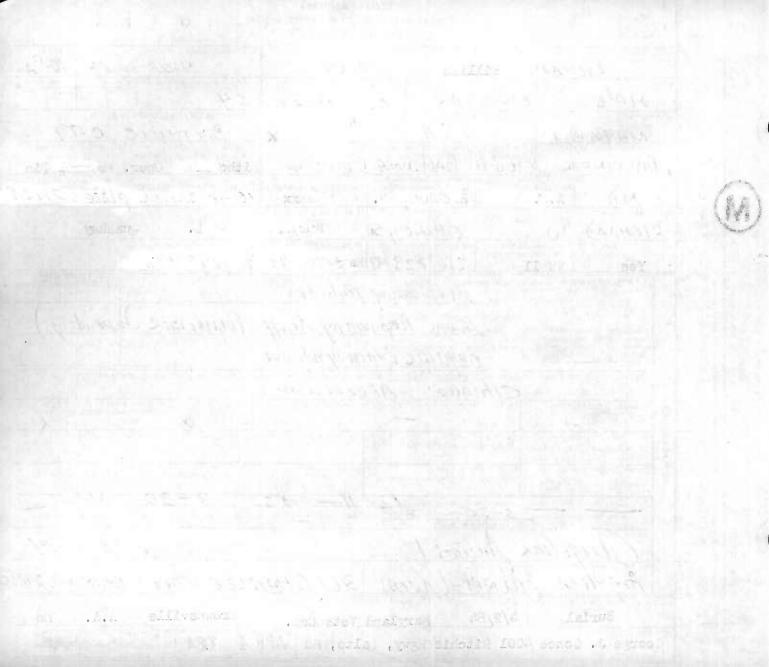
Ι,	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	ECEASED NAME	FIRST	,	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(111		DWAR	D		CHA	MBERS	03	07	84	7 : 15 P
3. SI	EX		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
/	Male		Black	2	5-4	-20 DAY YEAR	63	YRS.		
7a. 6	SIRTHPLACE (STATE OR FO	ORE IGN		WHAT COUNTRY	? 8 MARRIEI	, NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
1	Md.		USA		WIDOWE	DWORCED [	Baltim			MD.
	altimore	TH	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS]	s Hospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
	JAL RESIDENCE (IF NURSI STATE Md.	NG HOME OR O		Balto	RE ADMISSION)	13d. INSIDE CITY LIMITS?	3706 WO	s / ZIP CODI Odbine	e Ave.	21207
15.	William	٨	AIDDLE	ord LAST		Faorence	WE		ord LAS	
160	WAS DECEASED EVER	IN U.S. ARA	MED FORCES?	218-03		17. INFORMANT Carita Jon		Woodbi	ne Av	e. 2120
	18. CAUSE OF DEATH	1 (Enter onl	y one couse per	line for (a), (b), a	nd (c).)	<del></del>			APPROX BETWEEN	ONSET AND DEATH
ı	PART I. DEATH W		DBY: E CAUSE (a)	CARDIOE	ESPIR	ATORY COLL	YPSE		13	5 min
	1991		DUE TO, O	R AS A CONSEQU	JENCE OF	11000001			2.5	and C
1	Conditions, if any,		(b)	SE	PS15-	INFECTION			21	2 YAC
	couse (a), stating		DUE TO, O	R AS A CONSEQU	JENCE OF	ARCINOMA			2-	1-84
N N	PART 2. OTHER SIGN	IIFICANT C	onditions <u>c</u> c	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION GIV	VEN IN PART 1	IO .
CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES []	
H H	210. ACCIDENT WAS UND	Barrier .	21b. TIME C	F INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2)	
NA PE	OR CONTRIBUTING C		I H	M.	19					
MEDICAL	21d INJURY OCCURR		21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC }	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
1	22a I certify that (I)	this hospit	attended th			13 19 84	to MAR	7		that (1) we last
	saw the decease above, (I)(we) (d	d olive on	view the body	ofter death.	904 .01	nd that in (my) out opinion	death occurred on the	date and ha	ii and from the	couses stated
	226. SIGNATURE	err	n Bo	nlen		MD ATTENDING PHYSICIAN [	MEDICAL S DIRECTOR PHY	TAFF SICIAN	22c DATE	n_ 7, 84
1	22d PHYSICIAN'S NA					600 N. WOLI			MD. 23	L205
23a.	BURIAL, CREMATION,	REMOVAL	236. DATE 2-13			EMETERY OR CREMATORY SVILLE	23d LOCATION CITY OF TOWN CROWNS	ville	COUNTY	MD. STATE
	FUNERAL DIRECTOR					25 <del>0 D</del> A	E REC'D. BY REGISTR	AR 25 PRIGIS	TRANSISIGNA	TURE .
	harres A	Dic	a RCDA	1 3(10)	utaw	PI.	10 1 /1 709/	10000	be the Endline,	

DHMH - 16 50M 4/83 (VRA 15, 4)

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a management that have a 

		FOR STATE REGISTRAR  EASED NAME FIRST	DEPARTM	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 YEAR 12b HOUR
moy be r. poge 3 ter death	{ TYPE	RICHARD	William	CHANEY	MARCH -3	10.89 10.12
4 of	3. SEX	MALE	1. RACE CAUCAUSIAN	5. DATE OF BIRTH/  MONTH DAY PEAR  18 - 29	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HR
nerol directions hours		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? $U-S.A$ .	MARRIED WEVER MARRIED WIDOWED DIVORCED	BACTINOCH	
s ofter d	30 CI	SACTIMORE	LIGNOT IN SUCH FACILITY GIVE STREET	ADDRESS)  MONE GEN. HOSP.	(TYPE OF WORK FOR MOST OF WORKING LIF Litho Press Oper	
6335		AL RESIDENCE (IF NURSING ME OR OTTATE COUN A.A.		N 13d INSIDE CITY LIMITS?	13- STREET ADDRESS / ZIP CODE 143 Dunlap Road	
	) FA	THER'S NAME	MIDDLE LAST	13. MOTHER'S MAIDEN NA Margare		uaskey
Poges J		VAS DECEASED EVER IN U.S. ARA FES, NO OR UNKNOWN) (IF YES, GIVE YES WW I	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 216 22	RIT NO. 17 INFORMANT 23-783 Mary Lou Chai	ney Same as 13e	
equires that the death signed by the ottendi. Then please remove car the please remove car to burial, crematian, an injury, ar other troumatinjury, ar other troumating.	NO	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (b) FULLING  DUE TO, OR AS A CONSEQUE  (c) ON JULIO  CONDITIONS CONTRIBUTING TO E	Bhacu Syndown	E. (UEMAL ATOR <	
s beer s beer s ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SICIAN: The ing physician certificate ha urial-transit prental Hygient lem 18 shaw	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
SEULBE			21e. PLACE OF INJURY	21f. LOCATION		
	MED	214 INJURY OCCURRED  WHILE ONOT WHILE OF AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
TTENDING PHY putol or attendi TOR: After this for use as the bu af Heolth and M	MED	white NOT white Carlwork  22e I certify that (I) (this hospit saw the deceased alive an abave, (I) (we) (did) (did not	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.] STREET  24, and that in (my) (aur) apinion	to, to, death accurred an the date and hav	19 that (II (we) I
OR ATTENDING PHY he hospital or attendi DIRECTOR: After this tached for use as the bis to bept, of Heolth and M If hem 21 is marked or	MED	WHILE AT WORK NOT WHILE AT WORK  22e I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGMATURE)	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM ETC.] STREET  19  2 , and that in (my) (aur) apinion  DEGREE  ATTENDING PHYSICIAN	death accurred an the date and hav	19 Y that (It (we) I
OR ATTENDING PHY he hospitol or attendi oDRECTOR. After this object or use as the bi Dept. of Health and M If hem 21 is marked or		white NOT white Carlwork  22e I certify that (I) (this hospit saw the deceased alive an abave, (I) (we) (did) (did not	tal) ottended the deceosed from 19 20 10 view the body after death.  Aprill OUT AA - LAR	ARM, ETC.] STREET  , 19  , and that in (my) (aur) apinion  DEGREE  ATTENDING	death accurred an the date and hav	19 that (II (we) I

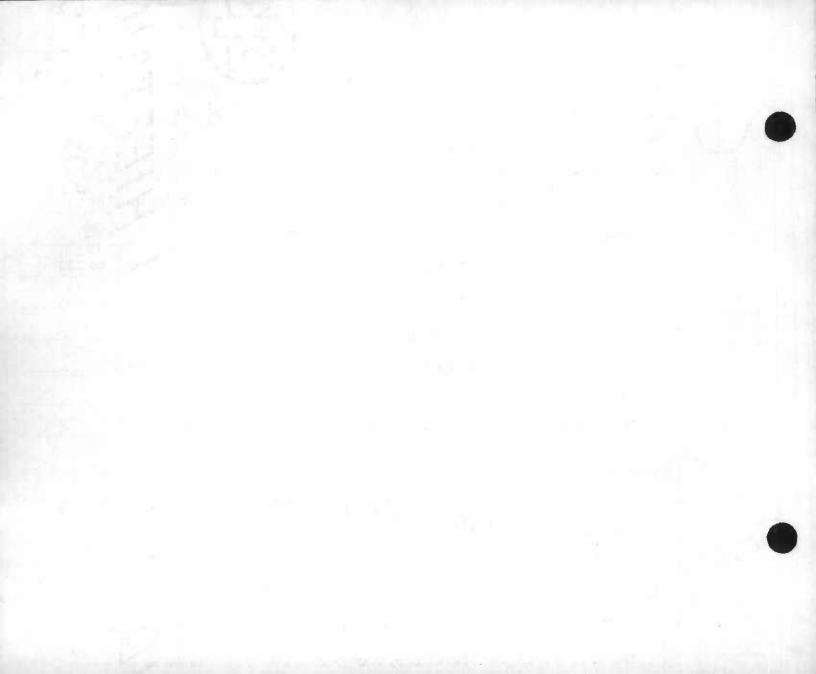


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPAR		EALTH AND	MENTAL HYG		1 /	1 3	
1.05				AIDDLE		AST		REG. N		AY YEAR	Tar mana
	OR PRINT)	PORIS		AIDDLE	0	bass	<b>v</b> 1)	20 DATE OF DEATH	3 //	QL.	26. HOUR 2-23A M
3. SE			RACE	T	5. DATE C	VE DIDTH	80	6 AGE (IN YEARS LAST BIR	TMDAY	IF UNDER I YEAR	144
3. SE		/	Whi	te	MONTH		YEAR	AGE THE TENES CAST BIR		ONTHS DAYS	HOURS MIN.
_	FemAL	e	C6444	ARIAM	Ap	ril 13	. 1915		8 YRS.		
7a. BI	RTHPLACE (STATE OR I	FOREIGN 7b		WHAT COUNTRY	/? 8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY C	_		
1	ryland		U.S.A		WIDOWE	D	ONORCED [	Baltimor			MD.
10. CI	altimor			HOSPITAL, NURS		OR OTHER IN	STITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOME Mak	ON F WORKING LIFE OF	12b. KIND ( INDUSTRY	OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURS STATE Maryland	136 90UNT	HERINSTITUTION.	GIVE RESIDENCE BEFO 13c. CITY OR TO TOWSO	WN	13d. INSIDE	CITY LIMITS?	13e STREET ADDRESS 1567 Glen	ZIP CODE Keith	Blvd	21204
34. FA	ATHER'S NAME	MI	DDLE	LAST		15. MOTHE	r's maiden na Regina	ME MIDDLE	- "	Fieldŝ	SI
	Harry			Sandler			-			Fields	į.
16e y	VAS DECEASED EVER	(IF YES, GIVE V		166. SOCIAL SEC 218-03		17 INFORM		ADDR L Chason	ess Sam	10 10	13E
	No			210-03	-4095	141	RODELL	L Chason	Dan		
	18 CAUSE OF DEAT PART I. DEATH W		RV.	line for 10), (b), o	& LA	000	BOWE	1 1005	2 ( 774 )		ONSET AND DEATH
	Ecol	IMMEDIATE	CAUSE (a)	SINALL	1 41	Terk	1300E	EL INFA	24101	7 1	D44
	33/0			R AS A CONSEQ	and the			Buell		1 7	DAL
	Canditions, if any,		(b)_/	MESE	1) RK	, (	THRO	MBUSIS		+ ' '	-
	couse (a), statin	ng the	DUE TO, OI	R AS A CONSEQ	UENCE OF						
			( (c)	ARTE				MASCULAR	DISE		
,	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATI	D TO THE TERM	VINAL DISEASE OR CON	DITION GIVE	N IN PART 1	10
<u>ō</u>	AURI	7	STE	-7 - 1 -	5						
3	19a DATE OF OPERA		19h CONDI	TION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDE	NGS USED S OF DEATH?
E	3/10/8	14	IM	ARCITO	Je 0	FBI	WEL	YES NO			NO 🗌
CERTIFICATION	21a. ACCIDENT WAS UNI		21b. TIME O	F INJURY M. MONTH	DAV VEAD	21c HOW	NJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART   OR PART 2)	
	OR CONTRIBUTING			M. MONTH	19						
MEDICAL	214 INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCA	ION				
¥	WHILE NOT WE	HLE RK	(AT HOME, STR	EET, FACTORY, OFFICE	E FARM, ETC }	STRE	ET	CITY OR TO	)WN	COUNTY	STATE
	220 I certify that (X	(this haspita	) attended the	e deceased fram	3/	90	19 84	10 3 // 1	1	1984	that 🌶 (we) last
	saw the decease above, (I) (we) (c	ed olive on_	3/	10 19	84 .01	nd that in (m	y) (our) opinion	death occurred on the d	ote and hour	and from the	couses stated
ı	22b. SIGNATURE	A c	view me oddy	aner deam.		DEGREE				22c. DATE	SIGNED
	1	17	ehl3	M.D			ATTENDING PHYSICIAN	MEDICAL STA		3/	11/84
	22d. PHYSICIAN'S N	ME (TYPE OR F	HTT	7 MD		C VV		PRITAN HO	TP.B.	ALITME	RE Md
23o F	BURIAL, CREMATION,	REMOVAL	23b. DATE			_	CREMATORY	23d LOCATION	-1	-	
	SPEC Burial		3/14				CHEMATORI	CITY OR TOWN		COUNTY	STATE
_	INERAL DIRECTOR		,		Park	wood	25a DAT	Baltin	ore, M	Marular	1d

DHMH - 16 50M 4/83 (VRA 15, 4)

NAME ADDRESS Aulia Davidson-Randel



4	١,	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 0 6	1 4
\	' -	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MON	NIH DAY YEAR 26 HOUR
noy be poge 3	(TYPE	OR PRINT)	en L.	Che	enowith	March 6,	1984 M
office 4	3. SE	Male	4. RACE White	-MON	06 BIRTH  16. 21,1905	6. AGE (IN YEARS LAST BIRTHDA'	Y) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.  YRS.
Pa dir	4.5	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OLINITRY2 8	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	
deoth.		anyland	USA	WIDOW		1200000100100	
offer offer offer offer offer of the offer o	10. CI	Baltimore			to.Md.21230	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
I hours	USU/ 130. S	AL RESIDENCE (IF NURSING HOR TATE 136 C		Y OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIE	P CODE
2 = 2		ryland	Ba	ltimore	YES X NO [	1436 Light	St. Balto. M. 21230
within within	14 FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA/ FIRST	WE	LAST
B The second			Unknown			Uknoun ADDRESS	Rest Services
executed ond cond cond cond cond cond cond cond		VAS DECEASED EVER IN U.S		CIAL SECURITY NO. -18-1830	Mrs. Peggy Knu		
P P P P P P P P P P P P P P P P P P P					Trics. reggy ivu	$app_{i}$	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficate physical noval.			er only one couse per line for NUSED BY:	Me Sast	Con Cen	rle_	BETWEEN ONSET AND DEATH
certing probabilities in the miner in the mi		11.59 MME	DIATE CAUSE (0)		2100		
deoth ottend ave co rtian, o		Conditions, if ony, which	DUE TO, OR AS A C	CONSTQUENCE OF	les sence	(2	
the deat the otten remaye c ematian, er troum	М	gove rise to immediate cause (a), stating the	e		0		
by by cr L, cr		underlying couse last		ONSEQUENCE OF			
8 0 0 5		PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBL	ITING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 110
The The	o N	Sc	our vasu	ulan	andre//lilian	and	
low r	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	ON WAS PERLYMED		ID. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
St po	E		- FR AN THE OF PARIE	· ·	In How hallow occupy	MES D NA	YES NO
HYSICIAN: T ding physici is certificate buriol-transi Mental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	- 110110 4 14 446		R INTERIOR INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
SICIV nng p centil verioli- hem	ICAL	(IF EITHER NOTIFY MEDICAL EXAL		19	211 LOCATION		
3 PHY offer this the b and h	MEDIC	21d INJURY OCCURRED	210. PLACE OF INJU	ORY, OFFICE, FARM ETC.)	STREET	CUT ON TON	COUNTY STATE
After os transfer		AT WORK AT WORK		sed from	in.	3/6	that (I) (we) last
Tal San List	1	220.1 certify that (I) (this h	50 BV6	19 04	and that in (my) (our) opinion	death occurred on the date of	and hour and from the causes stated
RECTION OF COMPANY		77h SIGNATURE	tw the body after de	eath.	DEGREE		27c DATE SIGNED
the h the h L DIR troche e Dep		10	1/15/10		ATTENDING	TORECTOR T PHYSICIAN	13/2/W
HOSPITAL ned by th FUNERAL vid be deter to the State ORTANT:		224 POPOT PAYS WANT	73.55		174. ADDRESS	1	1-11/11
		16/11/12	400ER		Muc	10/30.	
5 5 5 4 X	23a I	BURIAL, CREMALION REMO	WAL ZIE DATE	23c NAME OF	CEMETERY OR CREMATORY	734 LOCATION	Marie Visit Inc.
BP		(SPECIEY) Burial	Mar. 8, 1984	(edar	Hill (emeterle	Baltimore.	Maryland STATE
DHMH - 16 50M 4/83		UNERAL DIRECTOR		2	1230 250, BAI	E RECD. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
(VRA 15, 4)	Mc	ully tunera	L Home, 130 8. A	ant Aun F	Ralto MI MA	IN 0 1984	The four factors

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

the analysis of the state of th • was black to the college ensial creek, fire abetill exceed a clience, a proposition and the same of the same present stilling.

Wm C March F/H Inc. 1101 E North Avenue

FIRST CONSTANCE

STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

C.

LASICHESTER

REG. NO

MONTH

YRS

26. HOUR

12b. KIND OF BUSINESS OR

21202

APPROXIMATE INTERVAL

NO F

STATE

Md ATE

COUNTY

22c. DATE SIGNED

INDUSTRY

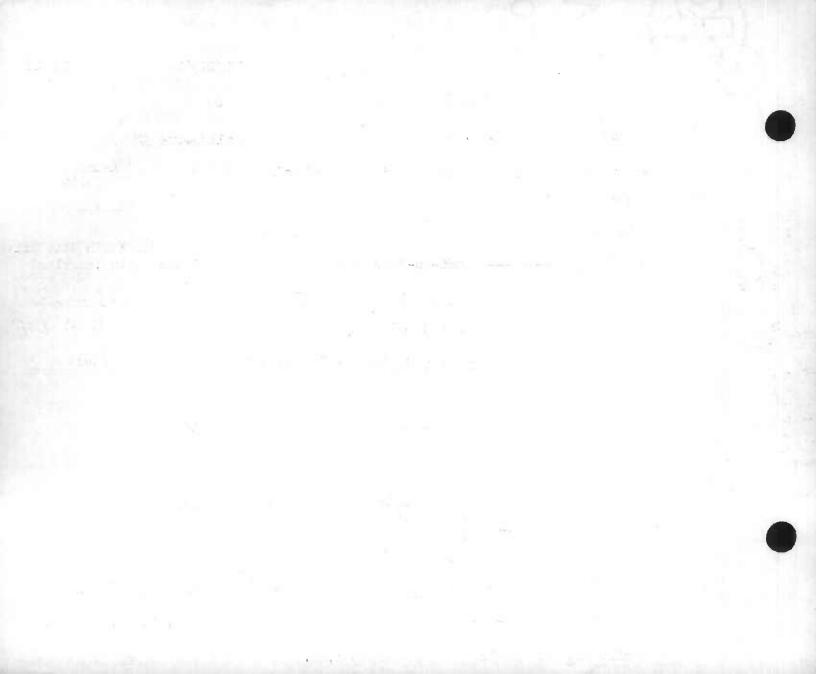
Moore

Apt.

2a DATE OF DEATH

MAR 2 O 1984 " C. Karibare Market

- 5	1.	FOR - STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAI ALTH AND M CATE OF DE	ENTAL HYGI	REG. NO.	16	
( A =		CEASED NAME ST		AIDDLE		Chin		03/22/84	DAY YEAR	26. HOUR 1:40 P
economic de la companya de la compan	3. SE	Male	4. RACE Orie	ental	5. DATE O	17 T	1914	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
death. Page inneral direct		RTHPLACE (STATE OR FOREIGN COUNTRY) China	U.	S.A.	WIDOWE		ORCED [	Baltimore city or cou		MD.
ms after of by the full by the	5	Baltimore	(IF NOT IN SUCI	HOSPITAL, NURSING FACILITY, GIVE STREET	address)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Laborer	INDUSTRY Laur	ndry
BALTIMORE, MARYLAND 2120  cate be executed within 24 hours yielen ond completely filled in blopers. Pages 1 and 2 should be 11, the predical examiner minut, the predical examiner minut.		AL RESIDENCE (IF NURSING HONG OF STATE 13/ COUR New York Ki.	OTHER INSTITUTION, NTY Ngs	Brookly	E ADMISSION) /N n		NO []	13e.STREET ADDRESS / ZIP C	CODE 1:	99999
makyl, makyl, omplerely and 2 st	3	ather's Name Unknown	WIDDLE	LAST			inknown	MIDDLE		AST
Pe execution of streets of street		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? /E WAR OR DATES)	086-28		Chin S			Spring, N	
ires that the death certificated by the ottending phen please remove corbana, burial, crematian, ar remo	NOI	PART 2 OTHER SIGNIFICANT OF	D BY:  TE CAUSE (a)  DUE TO, OF  (b)  DUE TO, OF  (c)	Kespira Ras a consequi Ras a consequi Hap a To	ethery ENCEOF. I		ecition	WA NAL DISEASE OR CONDITION	25 h	MINUTE  AM 3/22/Py  100
N OF VITAL RECORDS SICIAN: The law require physician. certificate has been significate that been significate that been significate that hygiene prior to them 18 sfrows any injury	AL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (1) ETHER, NOTHY MEDICAL EXAMINED.	21b. TIME OI HOUR A.A	M. MONTH DA				YES NO DE LED (ENTER NATURE OF INJURY IN 11F)	FYES, WERE FIND ERTIFYING CAUSE YES M 18 PART I OR PART 2]	ES OF DEATH?
DIVISIO DING PHY or offer this secos the bi ose os the bi secos the bi	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK AT WORK  220.1 certify that (1) (this hasp: saw the deceased alive an obove, (1) (we) (did) (did not obove, (	21e PLACE ( (AT HOME STRI  tal) attended the	DF INJURY EET, FACTORY, OFFICE, F	FARM, ETC )	21f. LOCATION STREET	. 19 74	. to 3/24	COUNTY	state  , that (I) (we) last ne causes stated
TO HOSPITAL OR ATTER- retoined by the haspital TO FUNERAL DIRECTOR should be detached for a with the State Dept. of H		22d. PHYSICIAN'S NAME (TYPE OF	GRE	ENWALI	mo	22e ADDRESS	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN E	1 22. DAT 3/	ELSIGNED 22/84
199998P-		BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial UNERAL DIRECTOR	23b. DATE 3-27			en Ceme	etery	23d. LOCATION CITY OR TOWN Brooklyn K	ings Nev	
DHMH- 16 50M 4/83 (VRA 15, 4)		Marzullo Funera	l Servic	e Re	isters	town, Mc		R 23 1084	OISTRAK S SIGNA	TUKE



death. Page 4 may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPA		IEALTH AND MENTAL-HYG ICATE OF DEATH	IENE () 6 .		
ł	I. DECEASED NAME FIRST	MIDDLE	ı	AST		MONTH DAY YEAR	26. HOUR
ı	(TYPE OR PRINT) HORACE	J.	CL	RISTIAN JR	MADCITO	1004	7.07A
ł	3. SEX	4 RACE	5. DATE C		MARCH 8	1984	R IF UNDER 24 HRS
ł			MONTH	H DAY YEAR		MONTHS DAY	S HOURS MIN.
4	Male	Black	7	2 20	63_	YRS.	
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
4	Virginia	U.S.A.	WIDOWE		BALTIMOR	E CITY	MD.
4	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
1	BALTIMORE	THE JOHNS	HOPKIN	S HOSPITAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	130. STATE 13b. COUN			134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
d	Maryland	Balt	imore	YES X NO	857 Hill	man Court	21202
	14. FATHER'S NAME	MIDDLE LAST	100	15 MOTHER'S MAIDEN NAM	WEDDIE		IAST
	Horace	Chris	tian	Estelle		Hug	
	16a. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL S	ECURITY NO.	17. INFORMANT	ADDRE		
ı	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	٨	Martha Bal	1 and 057	W:11 C	
1				Martina Dar	Taru oji		OUTT OXIMATE INTERVAL IN ONSET AND DEATH
ı	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	11 16	+		BETWEE	ONSET AND DEATH
ı	IMMEDIA	TE CAUSE 10) IN VILLE	10/e /74	perension		1	minute
1	4140	DUE TO, OR AS A CONSE	OUENCE OF	11 00	1	0	
	Conditions, if any, which	(b) Curdence	Clectro-	Mechanical 1)	SSULWIN	·u	menuto
1	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF A				
1	underlying couse lost.	( Cermen	Ait	en Misesse		14	ears
1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lra
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	nellitis					
5	4 190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE	
	Ē				YES NO NO	IN CERTIFYING CAUS	NO DEATH?
	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c HOW INJURY OCCURE			
21			DAY YEAR				
	OR CONTRIBUTING CAUSE OF DE-		19	21f LOCATION			
1	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	wn COUNTY	STATE
	AT WORK AT WORK		-11		-	Code .	
1	22s I certify that (I)	- 4/4	CLI	. 19.87		, 1987	, that (I) (we) last
	saw the deceased alive an above, (I) (we) (did) (did no	view the body after death.	0-7,0	nd that in (my) (aw) opinion (	death accurred on the do	ote and have and from t	he couses stated
	22b. SIGNATURE			DEGREE			TE SIGNED
ı	17616	ine	/	MO ATTENDING PHYSICIAN [	MEDICAL STAF		889
ī	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	1 11	0 11	
	BWEI	URR		) shus Hex	herstesp	Bult N	10
$\dashv$	230 BURIAL CREMATION REMOVAL	23b DATE	23r NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	- Comment	
	BURIAL				CITY OR TOWN	COUNTY	M d
-	24 FUNERAL DIRECTOR	3/13/04	Garris	on Forest V	A Owing M E REC'D. BY REGISTRAR		Md.
1	NAME	ADDR	ESS DI			Julia Davidson-	fandell.

Avenue MAR

DHMH - 16 50M 4/83 (VRA 15, 4)

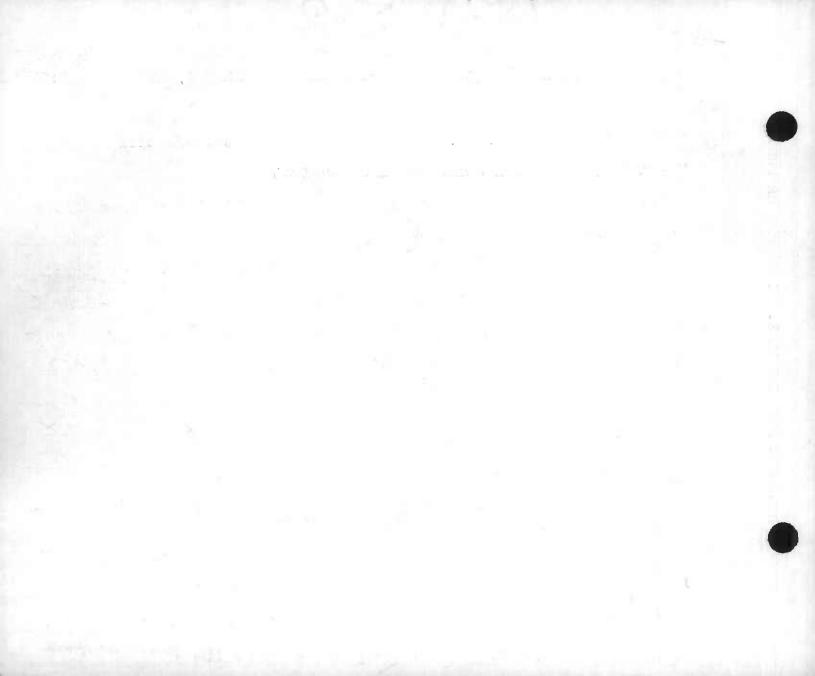
TO HOSPITAL

as the burial-transit permit. Then pleas th and Mental Hygiene prior ta burial,

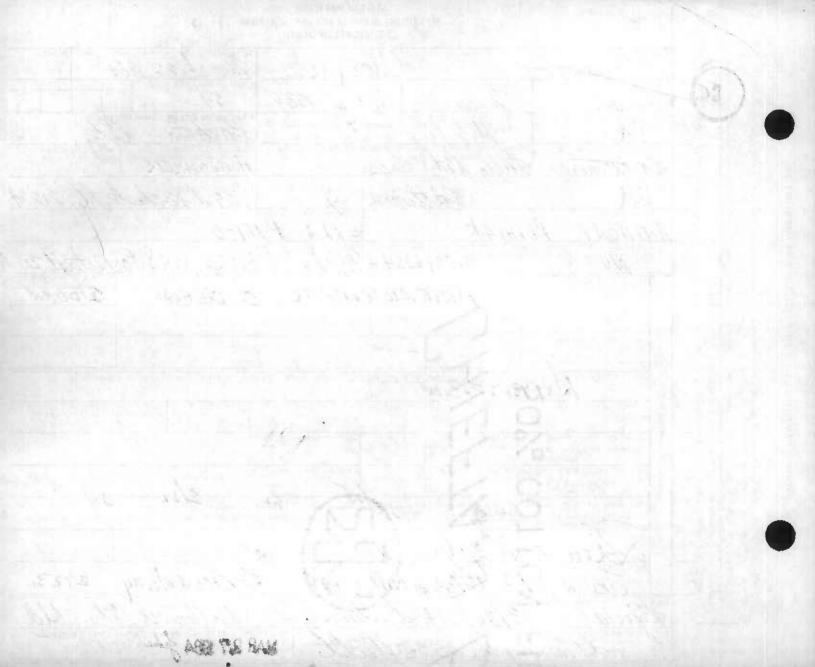
Shouse were the State Dept. of Health one with the State Dept. of Health on the Man 18 has I is marked or tem 18 has

Wm C March F/H Inc, 1101 E. North

should be detached far use as with the State Dept. af Health TO FUNERAL DIRECTOR.



12/	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE () 6  CERTIFICATE OF DEATH  REG. NO.	3
mero, pop a moy be		emale	PACE CAUCASIAN DAY 1909 6. AGE (IN YEARS LAST BIRTHDAY YRS.	DAY YEAR 2b, HOUR  SEL M.  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
now after death. P. Steel within 72 Confederation of the former of the f	76. B	DOR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY?  MARRIED NEVER MARRIED  P. BALSIMORE CITY OR COUNT.  MED OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  12a. USUAL OCCUPATION  (Type of work for most of working in the mean of the country of of th	City MD.
e executed within 24 in and complete within 18 Pages 1 and 2 heading	130 14. F.	THE S NAME FIRST VAS DECEASED EVER IN U.S. AR	NTY 130 INSIDE CITY LIMITS? 130. STREET ADDRESS VES NO 129 . SOCKOLO 15. MOTHER'S MAIDEN NAME  LAST EIRST PTT O MIDDLE	Sel + A 21224
W. PRESTON ST., BALT of the death certificate by the attending physicio se remove carbon papers, cremation, or removal.		Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause lost.	Inly one couse per line for (a), (b), and (c).  ED BY:  TE CAUSE (a).  DUE TO, OR AS A CONSEQUENCE OF  (b).  DUE TO, OR AS A CONSEQUENCE OF  (c).  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	2'DOPEN
DING PHYSICIAN: The low requires the or offending physicion.  After this certificate has been signed to as the buriol-transit permit. Then plea oith and Mental Hygiene prior to buriol, marked on them. All shows any injury, or a marked on them.	MEDICAL CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINES AT WORK AT WORK AT WORK AT WORK AT WORK	THE CERTIFICATION OF INJURY  ATH HOUR A.M. MONTH DAY YEAR  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO PART 1 OR PART 2)
HOSFILAL OR ATTEND send by the hospital or FUNETAL DIRECTOR, A solid to tistoched for use that State Dept. of Heal		220.1 certify that (I) (this hosping the deceased alive on obove. (Note (dist) (did no 20 A SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	that (I) (we) last our and from the couses stated  22c. DATE SIGNED
BP	23a.	URIAL, CREMATION REMOVAL	236 DAYE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION	Confy Mid

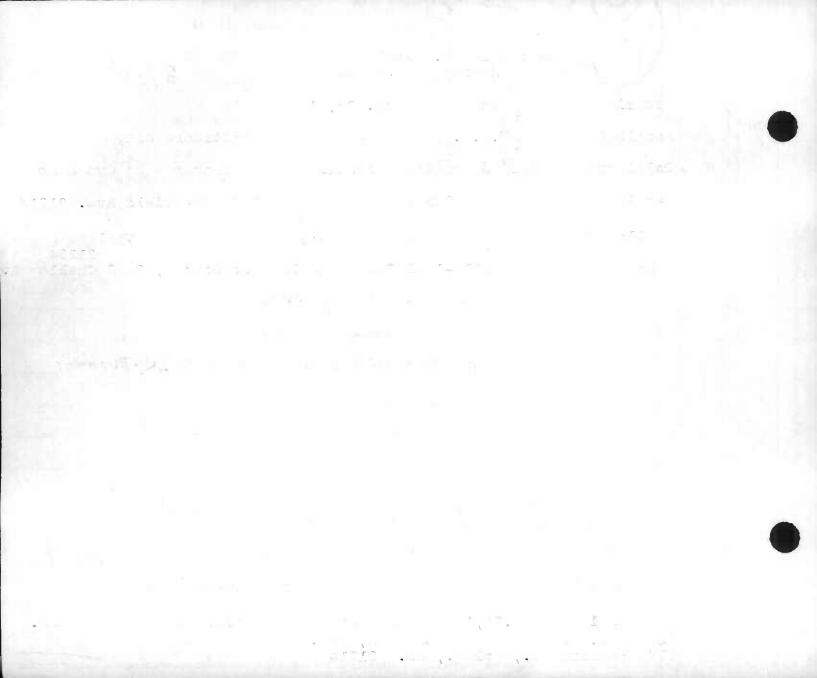


Action & clotheres 3 W Et 11 ch Bears of 11 24 HAVE USU BOLTO Calon Viesinia BOLED UNIVERSALES HOLD HOLD HOLD HOLD 1717 W BEMPI ST SALE 914 JAMES Claracans MATTIE Pulmensing mesterson STREETY APPROPRIE CARCHOLINE MARKET BY THREE PARTY OF BANKETS OF Hotel Allen Hermon Silva 13 Street St BOCK MD many the carment of the state of the many thank the way

9	TA	TE O	F M	ARYL	AND	
DEPARTMENT	OF	HEAL	LTH	AND	MENT	AL HY

	REGISTRAR				CATE UP			REG. I	NO.				
	DECEASED NAME HEIRSIA!		en V. C.	Cla	vk		2a. DATE C	OF DEATH	MONTH 3	1191	189	2b. HO	UR 2
	Female	4. RACE Whit	e	5. DATE O	- DAY	1965	6. AGE (IN			MONTH	DER I YEAR	IF UNDE	
A	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIED WIDOWEI		R MARRIED DIVORCED		ore city	OR COU	NTY OF			
/ L.	CITY OR TOWN OF DEATH Baltimore		HOSPITAL, NURSIN CHEACILITY, GIVE STREET CAMARITA				UYPE OF WO	occupa ek for most make	OF WORKI		26. KIND C NDUSTRY Own	HOI	
£ 13a	SUAL RESIDENCE (IF NURSING HOME COL STATE 136 COL Maryland	OR OTHER INSTITUTION	Baltim	ore	13d. INSIDE YES	CITY LIMITS?	3005	ADDRESS	tfi	eld	Ave	. 2:	12
D	FATHER'S NAME FIRST  XXK Adam	MIDDLE	Voelke:	r		R'S MAIDEN NA FIRST ary	AME	MIDDLE		Vo	oelk		
160	WAS DECEASED EVER IN U.S. A  (YES, NO OR UNKNOWN)  (IF YES, G	RMED FORCES?	166. SOCIAL SECU 216-10-		17. INFORM		e Hec	ADDI lding		290	)7 C	123 hes	16
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, C	PR AS A CONSEQUE	ENCE OF RELIES	2 Faul	us 2	o Rei	ial A	v+6	RY	Urom	bosil	^
ICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	CONDITIONS C	OR AS A CONSEQUE ACCUTE ONTRIBUTING TO E	DEATH BUT	NOT RELATE	ED TO THE TER/	O Rec	SE OR CO	NDITION	F YES, WI		a. NGS US	ED
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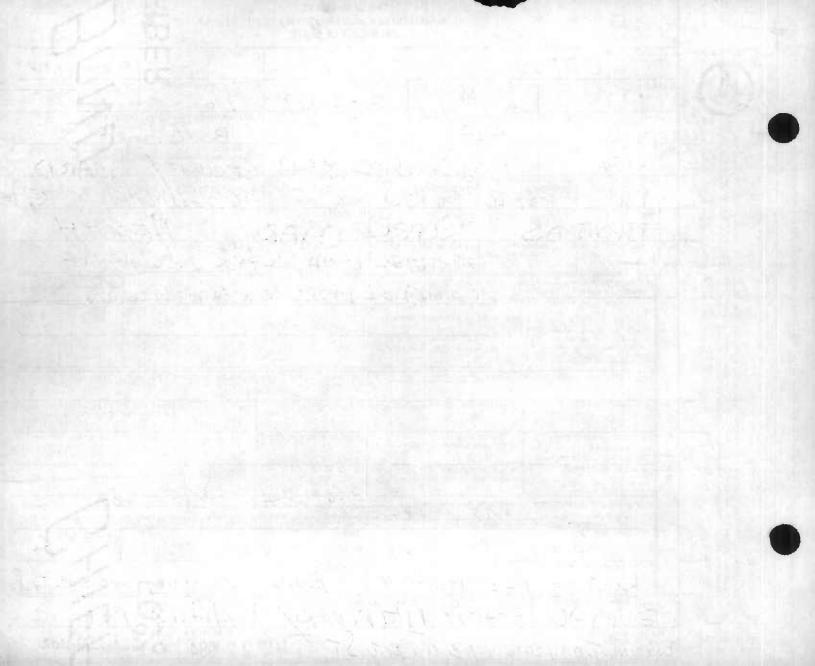
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A Character		EASED NAME FIRST MARY		MIDDLE	LAST						
A Surrey	N TE				(ASI			20. DATE OF DEATH	MONTH DA	YEAR O.	26. HOUR
Pope L	SEX			INA	CLAR		S		3-4	-84	1-6
the same of the sa			4 RACE		5. DATE OF B	DAY	YEAR	. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR HOURS MI
the second of th	1	FEMALE		IITE	/	4	00	83	YRS.		
1 122	Ma	THPLACE THATEORFOREGN	U.S	WHAT COUNTRY?	WIDOWED [	] DIVOR	CED	Baltimore city of	noke	Cix	1/
34	B	eltimole Cit	Bon	HOSPITAL, NURSIF CH FACILITY, GIVE STREET Secours	Hospita			11 USUAL OCCUPAT Homemake	OF WORKING LIFE)	126 KIND O	# BUSINESS C
作問題と		ryland Balt	other institution NTY imore	GIVE RESIDENCE BEFOR  131. CITY OR TOV  Woodlaw	n 13d		<b>X</b>	3e STREET ADDRESS 5503 West		Ave.	21207
1 100/30	k FA	John	WIDDIE	Hoffm		MOTHER'S MA Mar		WIDDIE		Unki	nown
95 9 7		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT		INFORMANT		ADDRI			
		NO		215-50-	6311	Pauline	Schwa	artz 5503 N	West No		MATE INTERVAL ONSET AND DEAT
ugned by the page of the page	z	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO		T RELATED TO	THE TERMIN	NAL DISEASE OR CON	IDITION GIVE	NAME OF THE PARTY	110
he for red	TIFICATION	N. A	1000	ITION FOR WHICH	OPERATION W	/AS PERFORME	grand of the second	20a AUTOPSY?  YES NO S	201: IFVES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
KSAN, T g physics and tright and tright m 18 sh	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING A CHARGO D (IF EITHER NOTIFY MEDICAL EXAMIN			AY YEAR	C HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJU	DRY IN ITEM TS PAR	RELOR PART 2)	
one officers of the first of th	MEDI	THE INJURY OCCURRED	21e PLACE (AT HOME, ST	OF INJURY HET ACTOM OFFICE.	FARM ETC)	I. LOCATION STREET	V.A	CITY OR TO	Les	COUNTY	STATE
ATTENDI uptol or CTOR A for une of Heat		220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did n	n_3/	11_19_	81. and 11	nat in (my) (aur	) apinion de	, to	ate and haur		that (I) (we) l causes stated
TAL CR., y the has detoched one Dept.	0	Diemaio 4	incien	9/1	m)	PHYS	NDING SICIAN	MEDICAL STA		3/4/	SIGNED
O HOSPITA TO FUNERA Hould be de-		JONISIO	GARCI	TA J	RB	550	BAUTU	D.NAT'L.	PIK	e	7
Control of the second s		URIAL, CREMATION, REMOVA	L 23b. DATE	23c.	NAME OF CEMI	ETERY OR CREM	MATORY	23d. LOCATION		COUNTY	STATE
		Buria1	3/7/8		eadowria		734	Elkridge	77	rard	Maryla

assessed the course of mile that you will acietie hand factorie over no see Estatemen

				STATE OF MARYLAND	~ ( )	. 5 42
111	1-	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYPER CERTIFICATE OF DEATH		4 4
- 3	1. DEC	CEASED NAME FIRST .	MIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
1		ORPRINT) ODEL	L	Clark	0	3 1584 10,30P,
7))	3. SE)	· M	RACE 12(ACK	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS UAYS HOURS MIN.
11/	7a. BI	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	1 000	9. BALTIMORE CITY OR	COUNTY OF DEATH
1//	1	OUNTRY)	ISA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balt	more city M
24	10. CI	Y OR TOWN OF DEATH 11	NAME OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	
加		AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTE AND LET THE TOWN	113d. INSIDE CITY LIMITS?	INASTREET ADDRESS /	PRODE 21 216
72	Y	7 d 1 8	1001 1567C	YES NO [	126364	MARME/19
201	14. 19	THERS NAME	DDLE LAST	15 MOTHER'S MAIDEN NO	AME 4000	Man TH
	16a V	VAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECU	RITY NO. 17 INFORMANT	TWE ADDRES	TGHCIII
1	(	(IF YES, GIVE W	(AR OR DATES) 218-01-6	156 LENA CI	LARK 26	36 LAFI TUE
Coeffit, inc		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), on	dien 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED I	Canala	2 of prostal	e with me	Tastasis
		1850	DUE TO, OR AS A CONSEQUE	NCE OF		
		Conditions, if ony, which gove rise to immediate	(b)			
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		100
	_	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 110
ony injury.	CERTIFICATION			ODERATION WAS DEPENDED.	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
4	FICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES T NOT	IN CERTIFYING CAUSES OF DEATH?  YES  NO  NO
1	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	
1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D.	AY YEAR		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOW	N COUNTY STATE
	Σ	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	3/4 51	11 3/11	- 00
		22a.1 certify that (I) (this hospital	) ottended the deceased from _	3/10 1985	7 10 7 13	19 7 that (I) (we) los
		sow the deceased alive an abave, (I) (we) (did not) v	yiew the body ofter death.	P4, and that in (my) (our) opinion	n death occurred on the dat	
		226. SIGNATURE LUMP	ugen Har		MEDICAL STAFF	
		22d PHYSICIAN'S NAME (TYPE OR P	YEN HUA	NG 220 ADDRESS BON	Sewin	12 Hospita
	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE (23c)	AME OF CEMETERY OR CREMATORY	23d LOCATION	C
		BURNAU	3-21-14 1	MALVARY	1717.1	STATE STATE
3	24 F	UNERAL DIRECTOR	ADDRESS	20 C 250. DA		y REGISTRAR'S SIGNATURE
	151	2000 MI THIM DS	m) 1913 (1)	7047(1) ( M)	AR 2 2 1984 1	TOWN HOW TOWN - MALLEN

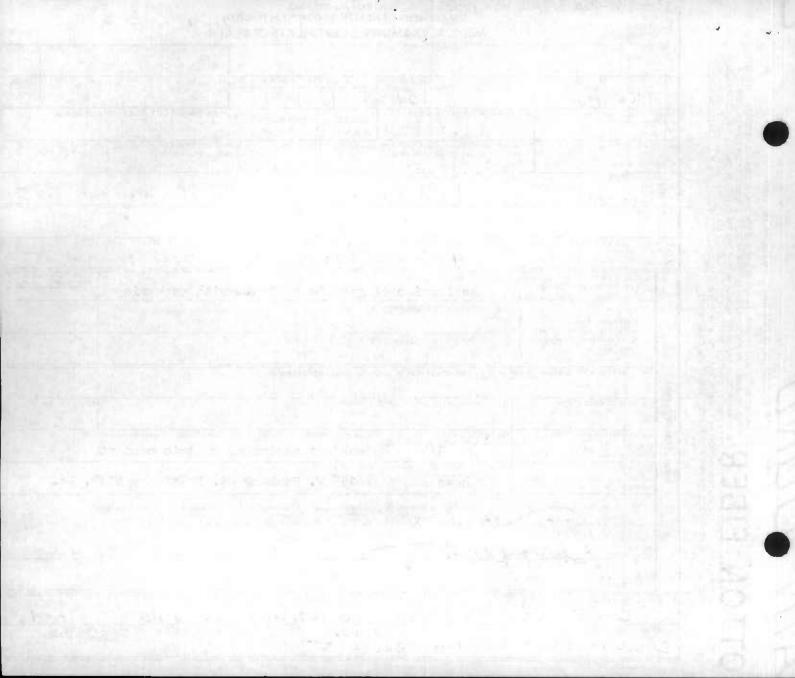


						FMARYLAND				~)	
	1-:	FOR STATE REGISTRAR	N			LTH AND MENTA S CERTIFICATE		TO V	2 .	5	
- 1		EASED NAME FIRST		MIDDLE		LAST		a. DATE KNOWN		DAY YEAR	Izh. HOUR
		OR PRINT)				OT A DIV	TO DE	OF ESTI- DEATH MATED			
1	SEY	TAMMY 14. RACE	IS DATE OF BIR	TH IA AG	E (IN YEARS   II	CLARK UNDER TYR. IF UNI	DER 24 HRS. 2	C. DATE	MONTH	20 19 84	2d. HOUR
ľ	F	male Black	S. DATE OF BIR	-50		ONTHS DAYS HOURS		RONOUNCED	3	20 19 84	10:20
4	7a. BII	RTHPLACE (STATE OR	76. CITIZEN OF	WHAT COUNTRY?	12			. BALTIMORE CIT	Y OR COUNT		Iam
Л	FO	Mar-viland	4	USA		ARRIED NEVER MA	DRCED	Baltimo	re City	y	MD.
A	D. CI	Y OR TOWN OF DEATH		HOSPITAL, NURSING		OTHER INSTITUTION		AL OCCUPATION OST OF WORKING LIFE)	TYPE OF WORK	126 KIND OF B	USINESS
1		Baltimore	29 N.	Smallwood	St.		4.	employed		2.00	2
◁	SUA Ja. S	L RESIDENCE (IF IN NURSING HOME C		13c. CLEY OR TO		134 INSIDE STY LIMIT	S? 13e. STRE	ET ADDRESS	2. 10	1100	T
4		111a.			timor		0 16	N. P.	ent	no -	)3.
И	14. FA	THER'S NAME	MIDDLE	A LAST		15. MOTHER'S MA	AIDEN NAME	MIDDLE	<	LAST	
M	16. 11	1 aurice	MED FORESCO	rcree	CURITY NO.	17 INFORMANT	1100	ADDR	FSS	1199	200
H		(AS DECEASED EVER IN U.S. ARA	WAR OR DATES)	166. SOCIAL SE	1 / L	6 SIL	Many	ico Ani	0 1/ A	1 Bouts	1201
-		IN CAUSE OF PERSON		1211-1	1-671	ryiviat	Ivilian.	reconcre	0 191	APPROXIMA	IE INTERVAL
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	DRV.			7 (		c: 1		BETWEEN ONS	ET AND DE ATH
		96 THIMMEDIAT	TE CAUSE (a)	<u>fultiple</u> g		wounds (u	inspeci.	fled wear	on)		
173		Canditians, if any, which	DUE TO,	OR AS A CONSEQU	ENCE OF						
		gave rise to immediate	(b)								
		cause (a) stating the <u>under-</u> lying cause last.	DUE TO,	OR AS A CONSEQU	ENCE OF					18/11	
			((c)								
	z	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL D	SEASE DR CONDITION GIVEN I	IN PART 1 (a).				
∦	CERTIFICATION	190. DATE OF OPERATION	19b. CON	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED?				20 AUTOPS	(?
1	IFIC	3 7								YES 🔀	NO 🗆
1	ERT	210 EXTERNAL CAUSE WAS		OF INJURY	21	HOW INJURY OCCU	IRRED (ENTER N.	ATURE OF INJURY IN ITEM	A 18 PART 1 OR PA		
1		UNDERLYING OR CONTRIBUTING CAUSE OF I		A.M. MONTH DAY		Subject wa	e chot				
1	MEDICAL	21d. INJURY OCCURRED	21e PLAC	CE OF INJURY (ATH		LOCATION	a anot.	The second second			
4	M	WHILE AT WORK AT WORK	STREET,	FACTORY, FARM, ETC.)		STREET	D Foors	CITY OR TOWN		UNTY	Md.
		AL VOK		home		29 N. Small					Ma
-		22s I certify that I taak charg			_		ection	Inquiry .	and in my ap	Dinign	
		death resulted fram: Natur	ral causes LJ,	Accident .,	Suicide			rmined manner			
		ACTUAL A	170	1		TITLE (SPECIFY			DATE	2 00	0.4
A.		SIGNATURE A	7			M.D. <u>Assista</u>	Int_MEDI	CALEXAMINER	SIGNE	D_3-20-	84
1		EXAMINER'S NAME	n M Dia	yon M D		111	Donn	Ct Dalt	- Ma	21201	
10	27 n Pi			kon, M.D.	OF CEMETER	ADDRESS111		CATION BALT	U. MC	L. ZIZUI	
	23 <b>0.</b> B(	PECIFY PECIFY 2	) DATE	m-t	As. L	un cem		PRIOWN	COU	M M	TAY
1	24 FI	JUNE AL DIRECTOR		19/21	B. H		ATE REC'D. BY	REGISTRAR 36 R	EGISTRAR'S S	IGNATURE	d .
	R	NAME AT	FH. ADDI	13/15	201.7	1223 M	AR 22	1984 Talia	Davidson	n-Mandall	4
	M	own/Inampson	111.	palio.	1160-6	1667 1411	711 2 2	201		-	

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	Items 18-22a 5/7 FOR STATE	DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL		S
1.	REGISTRAR	WEDICAL ÉX	AMINER'S CERTIFICATE	KEO: 140.	
1 1	. DECEASED NAME FIRST	WIDDIE	LAST	OF ESTI-	TH DAY YEAR 26. HOUR
300	John	nie	Clay	DEATH MATED 3	/4/84 <sub>19</sub> M
3.	MALE Black	5. DATE OF BIRTH 6.7	AGE (IN YEARS IF UNDER I YR. IF UNDE	ER 24 HRS. 2c. DATE MONI MIN. PRONOUNCED DEAD 3.	10:12 14/84 19 P M
3	ORIGINAL OF THE OR ORIGINAL OF THE OR ORIGINAL OF THE ORIGINAL	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MAR		
7	O. CITY-OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)	
10	Baltimore ISUAL RESIDENCE (IF IN NURSING HOME		re General Hospita		2/220
L	nary and 136 COU	NTY 13c. CHY OR	(timove YES & NO [	145 Ham bu	ergh ST
1	4 FATHER'S NAME FIRST	MIDDLE LAST	IS. MOTHER'S MAI	DEN NAME MIDDLE	LAST
	60. WAS DECEASED EVER IN U.S. A (YES, NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES?  E WAR OR DATES)  16b. SOCIAL  425-	SECURITY NO. 17 INFORMANT 203395 Madeline	Burley 902 Bo	evan ST?
		e (b)  DUE TO, OR AS A CONSEC		PART 1 (o),	
3	190 DATE OF OPERATION	19b. CONDITION FOR WH	CH OPERATION WAS PERFORMED?		20 AUTOPSY?
1	DIFIC				YES 🕅 NO
	190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS  UNDERLYING OCURRED  2116. INJURY OCCURRED  WHILE NOT WHILE	216. TIME OF INJURY HOUR A.M. MONTH DA	V VEAD	RED (ENTER NATURE OF INJURY IN ITEM IS PART 10 rated gastric conte	R PART 2)
	214 INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (A STREET, FACTORY, FARM, ETC.)		ourg St. Baltimore (	Courty, Md. STATE
0	22e I certify that I death resulted from ACTUAL SKONATURE	and the remains described obove,	Suicide , Hamicide TITLE (SPECIFY)  M.D. Dep.Chi	Undetermined manner	TE 3/5/84
2	(TYPE OR PRINT)	Thomas D. Smith		Penn St., Balto., M	u. 21201
	36. BURIAL, CREMATION, REMOVAL (SPECIFY) BUT LA	3-9-84 COM		m. rownsy. 110	COUNTY STATE
5))	Brane - The	mps address F. H.	BACTO ST MA	REG 6 1984 Pulla David	SSIGN TURBLE



	4/1					STAT	E OF-MARYLAND				
X	X	1 -	FOR STATE		DEPART	MENT OF	EALTH AND MENTAL	LHYGIEN	0 6	126	
1	18	1 056	REGISTRAR EASED NAME FIRST		MIDOLE		AST		REG. N		EAR 26 HOUR
	m = 1	(TYPE	OR BRINT)		MIDOLE		A31	20.	. DATE OF DEATH	mlal 1	10.00
	>	3. SE)	MARY C. C	1 RACE		5 DATE (	DE BIRTH	6.7	AGE (IN YEARS LAST BIR	2384 THDAY) IF UNDER I	1 111/4
	A ( A )	J. SE/	Female	BIK	<	S DATE (		D	55		OAYS HOURS MIN
	ago de	7a BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 8	BALTIMORE CITY	R COUNTY OF DEA	JH ,
	deoth.		Marysla Mg.	11.5	.7	WIDOWI	DIVORCED		DAITH	IORF GI	TY MD.
	the the	0	TY OR TOWN OF DEATH		HOSPITAL, NURSI CH FACILITY, GIVE STREE		ROTHER INSTITUTION		USUAL OCCUPAT		IND OF BUSINESS OR
21201	tile by	10	Altimore	Iro	vider		HOSPITA	2/	Jon & m	AKAR	
AND 21	filled in could be	13a S	TATE 13b COU	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE AOMISSION)	138 INSIDECITY LIMIT		STREET ADDRESS	ndenAve	3rdf121217
MARYLAND	letely d 2 sh	14. FA	THER'S NAME	MIOOLE A	LAST		15 MOTHER'S MAIDE	ENNAME	WIDDLE		LAST
WA	wed w		Oliver	50	OTT		DEL	LA		CLIN	TON
BALTIMORE,	ond		AS DECEASED EVER IN U.S. AL	RMED FORCES? /E WAR OR OATES)	166 SOCIAL SEC	URITY NO.	Mrs. Dell	la CI	inten 8		Apt 409 Ave 21217
ALTI	g 0 2 . e		18 CAUSE OF DEATH Enter o	nly one cause per	line far (a), (b), o	nd ic					APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
			PART I. DEATH WAS CAUSI	EĎ BY: TE CAUSE (a)	CARDIAC		REST				
N S	din		4254		r as a conseou	PL STEEL STEEL					
PRESTON	e attend move ca notion, o troumot		Conditions, if any, which				pet forlune				
OK.	0 0 5		gove rise to immediate cause a), stoting the	DUE TO, O	R AS A CONSEOU	IENCE OF					
3	that the d by the lease rer iol, crem or other		underlying cause last	(c)_(	Consesti	re Co	-ADOM MODAT	2			
5, 20	gne en p bur	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMINA	L DISEASE OR CON	IDITION GIVEN IN PA	ART 1(o)
RECORDS	0	CERTIFICATION								The serves are serves	
REC	nos bee	FICA	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		AUSES OF DEATH?
TAL	E 0 - 0 0	FR	210. ACCIDENT WAS UNDERLYING	7 21b, TIME O	AE INTITIDY		Tate HOW INTURY OF		YES NO	YES 🗌	NO 🗍
<u> </u>	Z S O O T S		OR CONTRIBUTING CAUSE OF DE		M. MONTH	AY YEAR	ZIC HOW INJURY OF	CCORRED	(ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PA	ART 2)
O Z	SICIA ng p certif certif tentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER			19	AN LOCATION				
DIVISION OF VITAL	りまってのの	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.]	211 LOCATION STREET		CITY OR TO	WN COUNT	TY STATE
			22a.1 certify that (1 (this hasp	F # 2 2		0.1		84	to FeB	3 19 84	, that ([) (we) lost
	E # 154 %		<ul> <li>sow the deceased alive or abave, (I) (we) (did) (did no</li> </ul>	TES 3			nd that in (my) (aur) ap	pinian deat	th accurred on the d		
	OR PER PER PER PER PER PER PER PER PER PE		22b. SIGNATURE	$\sim$	00		DEGREE ATTENDI	ING A	MEDICAL STA		DATE SIGNED
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	HOSPITAL sined by th FUNERAL sold be det th the Store		22d. PHYSICIAN'S NAME (TYPE)				22e. ADDRESS				
	retoined by the retoined by the TO FUNERAL Eshould be detoin with the State [MAPORTANT: If		LAWRENCE		- 1-3						
		23o. B	URIAL, CREMATION, REMOVAL		Cell		EMETERY OR CREMAT	ORY	23d. LOCATION CITY OR TOWN	COUNTY	MA STATE
	BP	04.51	BUNTAL	2-11	DIN	ew (0:		(en	BALTO.	Tary projects	Md.
	MH - 16 60M 1/75 (VR A 15 (4))		NERAL DIRECTOR	2222	W. ADDRESS	TH A	-	a. DATE RE		256 REGISTRAR'S SIG	Cabiela

y 1 2 Support Units and the second TARRA MICELL Same State Secure Company Comments PE CAST PI PINAT CAST THE WALL WITH

X	#	1	FOR STATE	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY	GIENE 0 6	121	
1		Ι.,	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
			CEASED NAME FIRST	WIDDLE	LAS	ST .	20. DATE OF DEATH MO	ONTH DAY YEAR	26. HOUR
	1 75	(TYP	OR PRINT) HELEN	I	COATES		MARCH 1. 19	84	9:05pm
	1 80	3. SE		4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER TYEAR	R IF UNDER 24 HRS
		2	Female	Col	MONTH	15-1889	94	YRS. DAYS	HOURS MIN.
	LX 35		RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED		BALTIMORE CITY OR O	e CITU	, MD.
	1 17	10. C	BALTIMAN	11. NAME OF HOSPITAL, N	URSING HOME OF	no. HASA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	PORKING LIFE) 126. KIND OF INDUSTRY	OF BUSINESS OR
2120	1 11 17		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	70 11030	1	2001	21217
AND	1 100	m	Aryland 136. COUR	BAI	limore	YES NO [	13e STREET ADDRESS, C	Arfollson	LAve.
MARYI	1 19 700	DALE.	Cerge	MIDDLE White	ī	15. MOTHER'S MAIDEN N. FIRST AGG	MIDDLE	white	AST
W	1 1 1	60	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		1
WO	1 12 1/		YES NIE OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	3-03287	mc lugraini	Town Contes!	1226AR	inh Ave
S, 201 W. PRESTON ST	uires that the death certification by the attending places remove carbons burial, cremation, or remory, at other traumatic even	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONS	SEQUENCE OF	ART FAILURE	minal disease or condit	TION GIVEN IN PART I	l(o)
RECORDS	ow req	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED		ROB. IF YES, WERE FIND IN CERTIFYING CAUSE	
	The The Sit pe	1 1					YES NO X	YES 🗌	NO 🗌
OF VIT			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)	
DIVISION OF VITAL	this re bud w	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ā	DING or off ar off se os the colth or marke		220.1 certify that (1) (this hasp	ital) atended the deceased t	rom FEB.	17 19 84		19.84	. that (I) (we )ast
	ATTEN Sspital ECTOR: d for us t. of He m 21 is			MAR. 1	0.11	I that in (my) (our) apinion	death accurred on the date	and hour and from the	
			22b. SIGNATURE	at) view the bady after death.	D	EGREE		11c DATE	E SIGNED /
	by the his best of the bit of the his best of the best		laulis	Golming	H		MEDICAL STAFF DIRECTOR PHYSICIA	ND 3/	1/84
	D		224 PHYSICIAN'S NAME (TYPE				HURCH HOSPITA		1
	o HOS etained TO FUN with the		PAUL GORMLE	EY MD		100 N.	BROADWAY BALT	O. MD 2123	1
	Of Of State	23o	BURIAL, CREMATION, REMOVAL	236. DATE	BE NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY	Ch with
	BP		BURIAL	13-7-84	MT. 14	UBURN CE	n. 120/10	. Co.	Mod.
	DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	1	NDESC	25a. DA	ATE REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNA	Mandall
	(VRA 15, 4)	U	oscoh Lik	USS 2222 0	U.NorT	bAve. 1	MAR 9 1984	the purious	

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3-1-133 4 4 Charles and the property ELLINGTE ACTION OF THE PROPERTY OF THE Something the state of Will specific will be supposed to the supposed ALP TO DESCRIPTION WHITE CONTRACTOR CONTRACTOR 

FOR

REGISTRAR

- STATE

3. SEX

130 STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME 20. DATE OF DEATH 2h HOUR essie 4. RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR DAYS I BIRTHPLACE I STATE OR FOREIGN WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Ab SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b COUNTY 13d INSIDE CITY HANTS? 13e STREET ADDRESS 4 FATHER'S NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Junren 2 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTO	OPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES 🗌	NO	YES		NO 🗌
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	(ENTER NA	ATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE

sow the deceased afre on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (4 aid not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING STAFF PHYSICIAN A DIRECTOR | PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE ORARINT) 22e ADDRESS

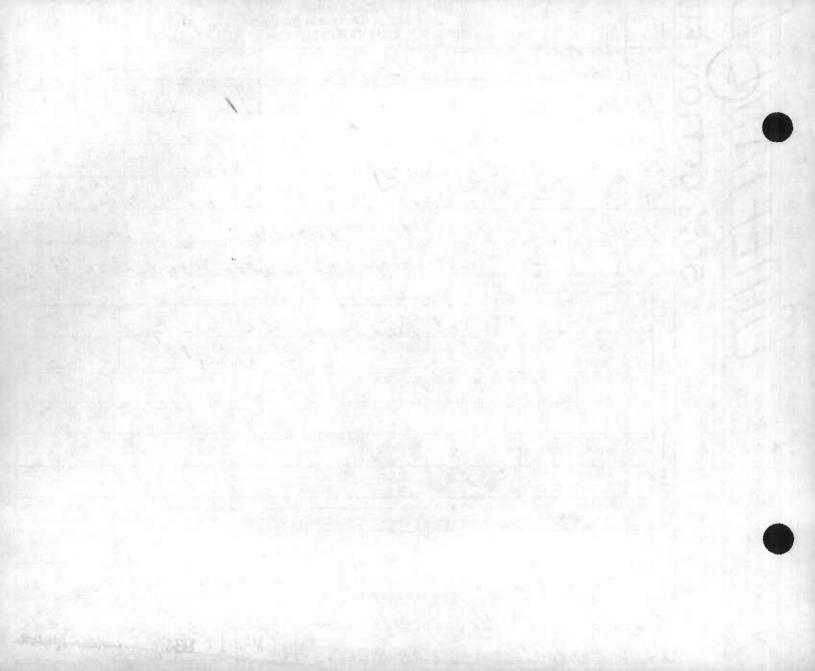
23b. DATE

BALTOMA 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT.

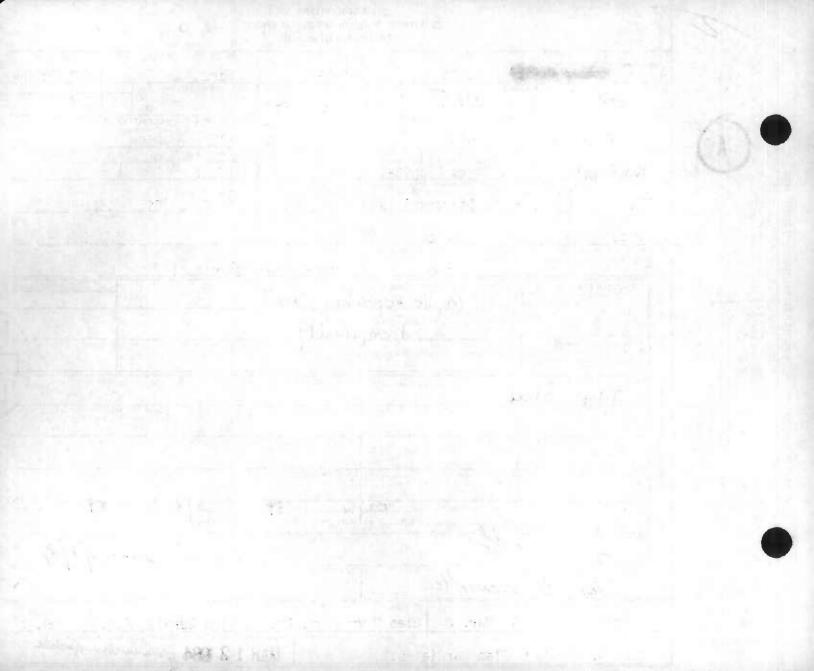
230 BURIAL, CREMATION, REMOVAL



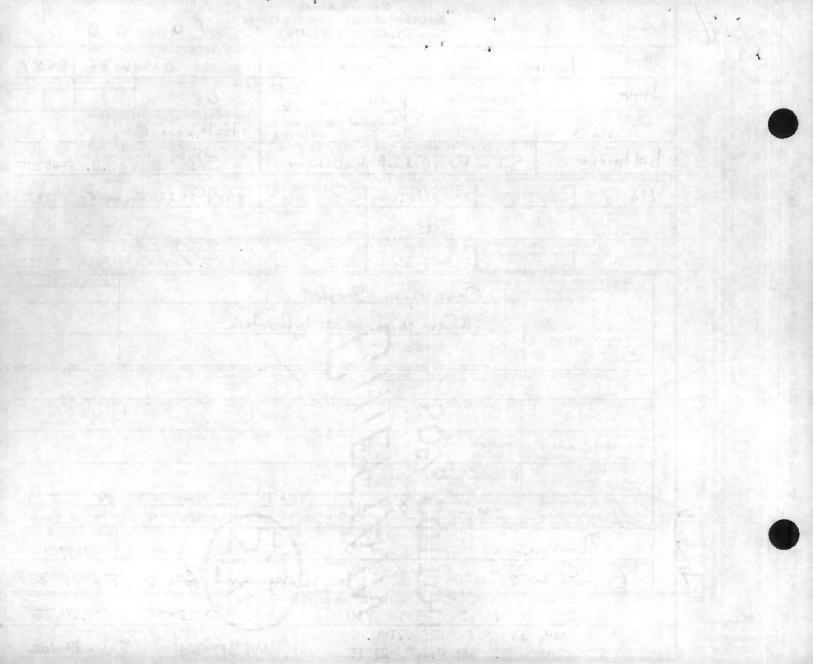
BALTIMORE, MARYLAND 21201

W. PRESTON ST

DIVISION OF VITAL RECORDS, 201



1-6	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	NENE 0 6 / 3	0
y be 3 death	1. DECEASED NAME (TYPE OR PRINT)		COHEN	26. DATE OF DEATH MONTH DAY	84 26 HOUR 554 PM
rige 4 mg	3. SEX MAILE	1. RACE CAUCASIAN	5. DATE OF BIRTH MONTH DAY 19:15	68 YRS.	NDER I YEAR IF UNDER 24 HRS
death. Po	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIED MEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	MD.
201 urs ofter by the f filed will	Baltmore	SINA HOSPITCH	1 of Baltimore	(TYPE OF WORK FOR MOST OF WORKING LIFE)	76. KIND OF BUSINESS OR NOUSTRY T.V. SERVICE
AND 212		NTY TIMORE RESIDENCE BEFORE RESIDENCE BE	TOWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS Mildlebro	h Cr 21133
ompletely ond 2 s	FATHER'S NAME FIRST SAMUEL	MIDDLE COHEN		MIDDLE	RUBIN
TIMORE be execu	16g. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 215-01-5		RS. SHIRTEYSCOHEN BROOK CT. RANDALLST	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs in attending physician and completely filled in by Affer this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages, I and 2 should be filler than Amental Hyguene prior to burial, cremation, or removal.  Our stem 18 shows, any injury, or other traumatic event, the medical examiner routs be in a content of the last shows, and injury, or other traumatic event, the medical examiner routs be in	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUI	enic Shock Processed and Infaro	chox	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
low requires that so been signed by emit. Then please e prior to burial, can priory, or oth	PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	(c)CONDITIONS CONTRIBUTING TO		200 AUTOPSY? 200. IF YES, WI	N PART I I O ERE FINDINGS USED G CAUSES OF DEATH?
SION OF VITALR PHYSICIAN. The ending physician. this certificate ha the burial-transit pe ad Amental Hygiera d or item 18 show	On COLUMNIA CALLES OF DE	ATH HOUR A.M. MONTH D.	AY YEAR 19	YES NO YES C	OR PART 2)
DIVISION  DING PHYS  or offer this e os the bu  plith and M  marked ar	OR CONTRIBUTING MEDICAL EXAMINE  (IF EITHER NOTHY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIV ATTENDING States of the control	sow the deceased alive or	ital) attended the deceased from	JY, and that in (my) (our) opinion	death accurred on the date and haur and	that (II (we) lost d from the couses stated
V heep be	226. SIGNATURE		DEGREE  MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/17/84
TO HOSPITAL retained by the TO FUNERAL should be deto with the Store I WPORTANT: If TO FUNERAL I STORE	3- KIRZ	YER. 195	131 SCAPE		PD 21208.
BP	230. BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL	MAR. 18, 1984 B	NAME OF CEMETERY OR CREMATORY ETH TFILOH	23d. LOCATION CITY ON TOWN BALTIMORE	MARYLAND
DHMH - 16 50M 4/B2 (VRA 15, 4)		LEVINSON & BRQS WN RD. BALTO.M	., 1110.	E REC'D. BY REGISTRAR 256. REGISTRAR  AR 20 1984 Julia Day	don-Randell



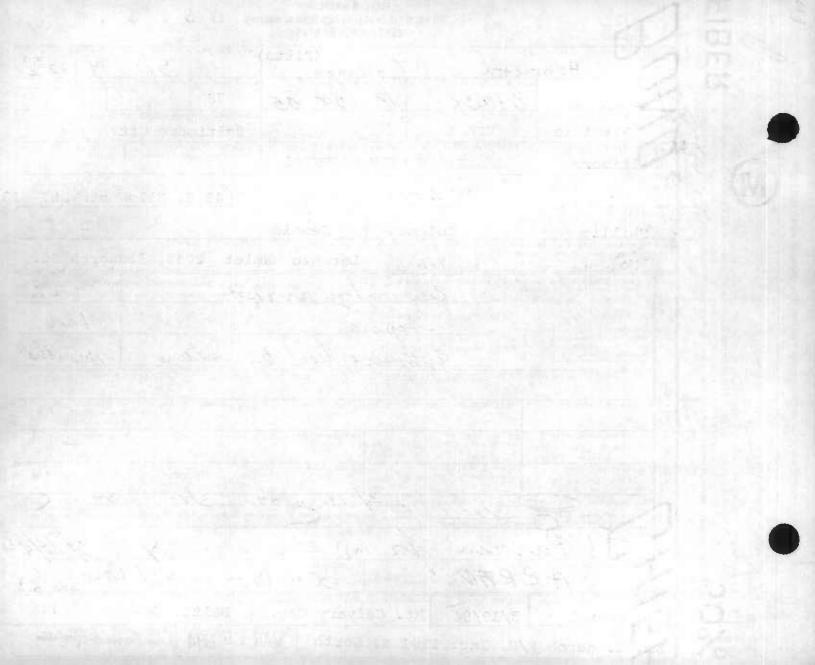
(VRA 15, 4)

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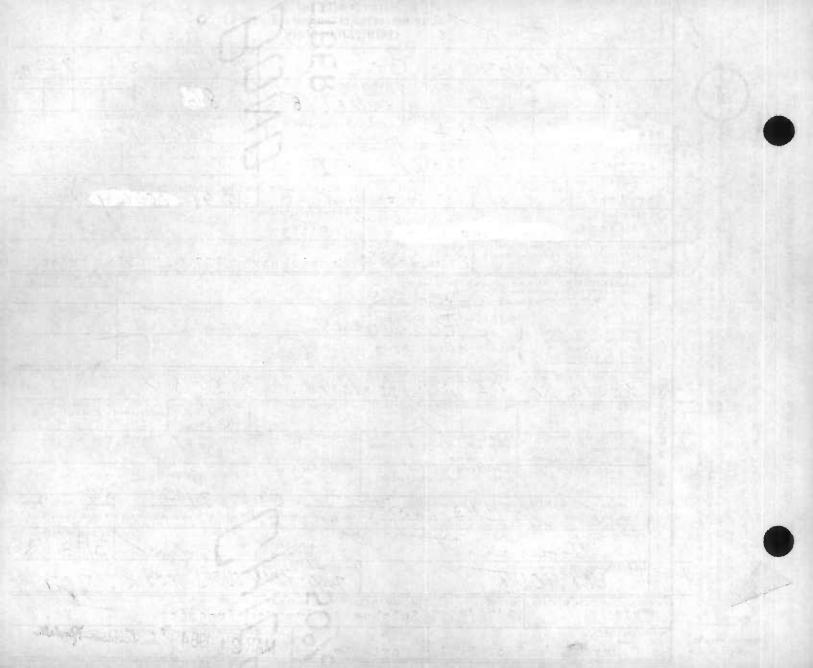
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A CONTRACTOR OF THE PARTY OF TH dentition that the desired the latest the fallent units over our excision and all the A STATE OF THE STA marginal --- Liver. works by said the said of the said of the the thirty of th de de la company de la company

37	STATE OF MARYLAND,  DEPARTMENT OF HEALTH AND MEMTAL HYGIENE 0 6 / 3	4
	- STATE REGISTRAR  CERTIFICATE OF DEATH REG. NO.	
4. OF	1. DECEASED NAME FIRST MIDDLE LAST (Pitts 20. DATE OF DEATH MONTH DAY [TYPE OR PRINT]	/84 /2 30
nay be page rr deat		NDER TYEAR IF UNDER 24 HRS
age 4 r	Female Black Black PS 28 05 78 YRS WARD	
in 72 ha	76. BIRTHPLACE (STATE ON FOREIGN VIrginia Virginia USA WIDOWED DIVORCED Baltimore City OR COUNTY OF BALTIMORE CITY OR COUNTY O	
To the first of th		2b. KIND OF BUSINESS OR NDUSTRY
GALTIMORE, MARYLAND 2120 cate be executed with cate be executed with cate before and completely be and 2 in ord 2 in ord 3 in ord 3 in the medical expansion must be and it, the medical expansion must be and a three medical expansion must be an order to the must be an order to the medical expansion must be an order to the must be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  MD  136. COUNTY  136. CITY OR TOWN  Baltimore  YES   No   2043 E. Ellsw	orth St. #13
7. t 2.5	14. FATHER'S NAME  FIRST MIDDLE  LAST FIRST MIDDLE  MIDDLE	LAST
MAR ed x	Phillip Coleman Jennie	TASI
MORE, n and co Pages 1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DATES)	11 01
TIMC	NO NO NOT UNKNOWN) (H YES, GIVE WAR OR DATES) N/A Lorenzo Hamlet 2043 Ells	
ST., BAL.	18 CAUSE OF DEATH (Enter only one cause per line for 10) (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  PRODUCTOR  PROPRESS  IMMEDIATE CAUSE (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
0, 0, 0, 0	7070 DUE TO, OR AS A CONSEQUENCE OF	1 mb
PRESTON he death or emave carb mation, ar	Conditions, if ony, which (b) (b) (b) (course (o), stoting the course (o), stoting the	./
on W. P that the d by the lease ret ial, crem	underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	months
se se so .	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N PART 110
nas been mas been mas been mas permit.	IN CERTIFYIN	ERE FINDINGS USED G CAUSES OF DEATH?
VITAL  N. The hysicial rate hysicial Hygies 18 shay	YES NO YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENJER NATURE OF INJURY IN ITEM 18 PART IT	
N OF VII	AN CONTRACTOR OF STATE OF STAT	
A W M A W	71d IN IURY OCCURRED 71e PLACE OF INJURY 71L LOCATION	COUNTY STATE
00 4 9 0 E	270 1 certify that (1) [this hospital) ettended the deceased from	89, that (I) we) lost
5 E 0 E 0	saw the deceased diversity on the date and hour and above (1) (we) (didl (fid na)) view the body after death.	d from the causes stated
OR DEP	226. SIGNATURE  PAYSICIAN DEGREE  MY ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	3/16/84
HOSPII POSPII FUNEF Multe St PORTAN	177d PHYSICIAN'S STAME LYPE OR PRINTIPE AND 1276 ADDRESS BCH Dept of Med 4	940 Eastery
Teto To William Willia	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION	MD:
BP	Ballal   3/13/04   1104 041 121	
DHMH - 16 50M 4/83 (VRA 15, 4)	Wm. C. March F/H, Inc. TTO1 E. North MAR 1 9 1984 July Days	SSIGNATURE SON
DHMH - 16 50M 4/83	Burial 3/19/84 Mt. Calvary Cem. Balto. Co.	SSIGNATURE AND E



8	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE O 5 /	ં કે કે	
A	TYPE	.11000	RICK L.	Co	12x	3/19	1 88 9	950 P
A )	3 SE)	M	1 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRI	YRS.	AYS HOURS MIN.
46	V	rginia	76. CITIZEN OF WHAT COUN	WIDOWE		BAL	TOMO!	RE MD
filed will	BA	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY), GIVE	STREET ADDRESS)	HOSPITHL	120. USUAL OCCUPATION OF WORK FOR MOST O		
g 25	13a S M a	AL RESIDENCE (IF NURSING HOMEOR STATE Aryland	13c CITY OF	R TOWN	13d INSIDE CITY LIMITS? YES NO [	13e.STREET ADDRESS	Darley	21218 HUE
20		William	Col	e ~	Betty	WIDDLE	Rei	i d
on ond compi	160 V	VAS DECEASED EVER IN U.S. AR. (ES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)  166 SOCIAT	5 SECURITY NO.	P Gracie Da	rby 107 N	. Wolfe S	Street PROXIMATE INTERVAL
Then please remave carbor to burial, cremation, or re- njvry, ar other traumotic er	7	Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	SEQUENCE OF	Lucio	NINAL DISEASE OR CON	DITION GIVEN IN PAR	RI lias
sermit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH? NO
ond Mentol Hygier ked or Item 18 shov	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR			411411
l is morked	W	while NOT WHILE I AT WORK  270   Certify that II (this haspi	3//9	Iram	street , 19 ond that in (pay) (aur) opinion	to death accurred on the de	5 1989	, that (I) (we) last
VI: If Item 2		above, (1) (we) (did) (did no 27b. SIGNATURE	it) view the body after death.		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	F _ 2	PATE SIGNED &
should be detach with the State De IMPORTANT: If It		VERMO	WY		200 HON	lewood ?	ERR.	21219
· , >		BURIAL, CREMATION, REMOVAL UKIAL	23b. DATE 3/24/84		EMETERY OR CREMATORY OF Spring Co			Va. STATE
50M 4/83 5, 4)	24 FI	UNERAL DIRECTOR C March F/H	Inc. 1101	RESS E North	Avenue M	AR 21 1984	28. REGISTRAR'S SIG	Maridae



7/	1 - 9	OR STATE SEGISTRAR					ERTIFICATE OF D	EXTL	3 6		
×  -	DEC	EASED NAME	E FIRST		WIDDLE		LAST	2a. DATE KNOWN	NO. MONTH	DAY YEAR	2b HOL
			Kevin	Micha	e1	Colli	gan, Jr.	OF ESTI- DEATH MATED	□ 3/29	/849	
3.	SEX	Male	White	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UN	IDER 1 YR. IF UNDER 24 HE	PRONOUNCED DEAD	3/29	DAY YEAR	34:49 A
3		THPLACE (S'	TATE OR	76. CITIZEN OF WE			ED NEVER MARRIED *	9. BALTIMORE CIT			1
-	Ba	ltimore		U.S.A.		WIDOW	ED DIVORCED	Baltimore	City		A
8	B	y or town altimo	re /	Universi	PITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) LY HOSPITA	1 Sho	F	USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 12	2b. KIND OF BL OR INDUST	JSINESS RY
	· M	aryland	Wico	ΓY	130. CITY OR TOWN Salisbury		13d INSIDE CITY LIMITS? 13e.,	Beer Har	bour Dr	ive 18	01
21	F		illiam Co		LAST		15. MOTHER'S MAIDEN NA Diana	WIDDIE	Raska	<b>a</b> LAST	
2	(YE	NO. OR UNKNO		WAR OR DATES)	220-74-4		Dr. Fr Same #13 e	ank Collige	an (Fa	ther	
		IB. CAUSE O PARTIDE	F DEATH (Enter onl	y ane couse per line BY:						APPROXIMAT BETWEEN ONSE	E INTERVAL
	>	015	O IMMEDIAT	E CAUSE (o)	Multiple		ies				
		Candition	ns, if ony, which	DUE TO, OR	AS A CONSEQUENCE	OF					
		gove ris	se to immediate	(b)	AS A CONSEQUENCE (	-					
	- 1	lying cau		DUE TO, OR	AS A CONSEQUENCE	Jr.					
		PART 2 OTHER SIG	GNIFICANT CONDITIONS (	ONTRIBUTING TO DEATH B	ILT NOT DELATED TO THE TERM	INAL DISCASS	OR CONDITION GIVEN IN PART 1 (a)				
					O. NOT RECOILS TO THE TERM	INAL DISEASE	OR CONDITION GITEN IN PART 1 (g)				- 33
#	¥	19a DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?			Instar	
/	CERTIFICATION									YES X	
1	E E		L CAUSE WAS	21b. TIME OF		21c. HC	W INJURY OCCURRED (EN	ER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART		NO L
		UNDERLYING	XOR		MONTH DAY YEAR X 3/29/84		ver of auto w				
1	ĭă	71d INJURY C	CCURRED	21e PLACE O	FINJURY (ATHOME	211. LOC	CATION		ca obje	CL	
1	2	AT WORK	NOT WHILE X		oadway		5 & Moravia F	Rd. Balto.	. Md.	TY	STATE
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1		death resulte				cide .			ond in my opini	ion	
1		Geam resulte	- 41.11	A	Accident LED, 50	cide L,	TITLE (SPECIFY)	determined monner	٦,		
		ACTUAL SIGNATURE_	XIX					501611 541	DATE	3/30/8	21
		1 3	-			M.	D.ADDISCAILE M	EDICAL EXAMINER	SIGNED.	3/30/6	74
1		TYPE OR PRIN	NAME Gre	egory R. K	auffman, M	.D.	ADDRESS 111 Penn	St., Balto	. Md.	21201	
23			ION, REMOVAL 23	b DAIF	23c. NAME OF CEA	ETERY OF		LOCATION			
		Cremat		3/31/1984	Cape H	enlop	en Crematory	Lewes	Sussex	/Del	aware
2		NERAL DIRECT		ADDRESS A		b.A	25a. DATE REC'D.	BY REGISTRAR 256. RE	EGISTRAR'S SIG	NATURE	210
	Ho	lloway	funeral	riome, P.	A. Salisbur	y, Mc	APR 3	1984 9 Ma	Davidson-	Mandell.	

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Item 4 per ph. 4/568

(VRA 15, 4)

- STATE Item 2lathru 22a

REGISTRAR

STATE OF MARYLAND

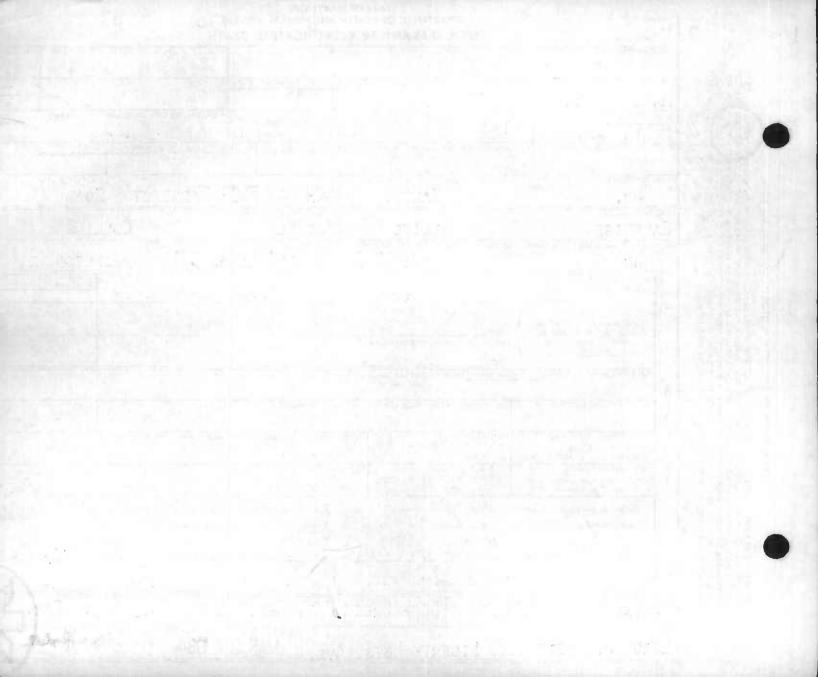
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTALHYGIENE

Julia Dairidson

such the second frequency for the sound variable.

2		FOR STATE		1	PEPARTMENT OF	HEALTH	AND MENTAL I	HYGIENE	5 /	3 3		
5		REGISTRAR		MEI	DICAL EXAMIN			OF DEATH	REG.	NO.		
		EASED NAME			MIDDLE	4	LAST	2a. D/	TE KNOWN	X MONTH	DAY YEAR	2b. HOUR
2000 E			TRACEY.	DA	RNELL	Co	ollins		ATH MATED	□ 3	23 19 84	^
当に生み居	3. SEX		4 RACE	S. DATE CAT BIRTH	6. AGE (IN YI	AND MONTH	DER 1 YR. IF UNDER		OUNCED	MONTH	DAY YEAR	34 HOUR
52	MA	LE	BLACK	13	Child	RS.	IS DATS HOURS	MIN FROM	EAD	3	23 19 84	N. 72.
語グル		RTHPLACE (ST	ATE OR	76 CITIZEN OF WI	AT COUNTRY?	MARRI	ED NEVER MARR	PIED V 9. BA	LTIMORE CIT	Y OR COUNT	TY OF DEATH	
3 /U			AR.	USA		WIDOW	and the same of th	/ _	Balti	more C	ity.	MD
		TY OR TOWN		11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a USUAL O			126. KIND OF BU OR INDUSTI	ISINESS
00		Baltim	ore		Norfolk (re	ear)		POR MOST OF	MOKKING FIRE		OK II DOSTI	
110	USU/	L RESIDENCE		R OTHER INSTITUTION, GI	E RESIDENCE BEFORE ADMISS		had memorate contracted	La _canecz w	DBECC.	1 3	2121	5
6	130. 5	A RESIDENCE	138 COOM		BALTO.		13d. INSIDE CITY LIMITS?	3811 T	ARRIN	IGTON	ROAD	
7	14. FA	THER'S NAME		MIDDLE	O LAST		15. MOTHER'S MAID	ENNAME	MIDDLE	•	LAST	
20	CA	RNEIG	E		COLLINS		ETHEL			COL	LINS	41
ī	16a V	AS DECEASED	EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURI		17. INFORMANT		ADDRI			_
/		ES, NO OR UNKNO	(# 123, 0142		214-92-7	301	ETHEL CO	DLLINS	3811	BARRI	NGTON	RD.
		18 CAUSE OF	ATIMANIAC CALLERS	0.00	far (a), (b), and (c).)						APPROXIMATI	
		PARTIDE	ATH WAS CAUSED	E CAUSE (a) Mu	ltiple guns	shot w	vounds of l	head				
95		963	>4		AS A CONSEQUENCE							
ENTAL HYGI			e to immediate	(b)								177
AL, CREMATION, OR B		cause (a) lying cau	stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF		F - 0.	1000			
O		lying cao.	30 1031.	(c)		Or in	Section 1		100			
		PART 2 OTNER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE	DR CONDITION GIVEN IN PA	ART 1 (a).		1		
-	CERTIFICATION	19a. DATE OF	COLLACIAN	Lun davien	TO LINE TO THE PARTY OF THE PAR						1	
/	2	190. DATE OF	OPERATION	196. CONDI	ION FOR WHICH OPE	KATION W.	AS PERFORMED?				20 AUTOPSY	
	E	21- EVICANIA	L CAUSE WAS	21b. TIME OF	Del trades	lai u					YES X	NO 🗌
2		UNDERLYING		HOUR XXX	MONTH DAY YEA	R	OW INJURY OCCURRI		OF INJURY IN ITEM	1 18 PART 1 OR PAR	RT 2)	
1	MEDICAL	CONTRIBUTION 21d. INJURY O	NG CAUSE OF D	DEATH 9:19.M	3 23 <sub>19</sub> 8		abject show	t				
)	MED	WHILE	NOT WHILE	STREET FACT	ORY, FARM, ETC.)	5			OR TOWN		UNTY	STATE
		AT WORK	NOT WHILE [2	y	ard	401	19 Norfolk	Ba	ltimor	e City		Md.
		22a. I certif	y that I took charg	e of the remains des	cribed above, held on	Autaps	sy 🔼 , Inspectio	an . Inq	uiry .	and in my ap	pinion	
YLAND,		death resulte	d from Natur	al causes	Accident . / Si	vicide	, HamicideXX	Undetermine	d manner	].		
			100000	* Of /	11 - 1/7	12	TITLE (SPECIFY)					
4	11	SIGNATURE	velle	up XI	vegou o	My M	D. Assistar	1t_MEDICALE	XAMINER	DATE	03/2	24/84
<u>S</u> /_	1	EXAMINER'S I	NAME	Dennis F.	Smyth, M.	D	111	Dann Ol		2.1 2.00		
		(TYPE OR PRIN	٧١)				ADDRESS	Penn St		lto.,M	υ.	
	23B <sup>81</sup>	JRIAL CREMAT	ION, REMOVAL 2	3730/84	PEP C	REFK	BAP CE	A CITY AND	SON CO	. No	DRTH CA	R.
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MON	pe exec	s. Poges	e medico
T., BAL	tificate	physicie on paper emovol.	eventrela
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	leoth cer	thending we corbo	sumotic e
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& OO	ow rei	os been bermit. T	ars ony in
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ONOIS	PHYSIC ending	this cert ne burial	dor fren
NA DIVI	NDING of off	R: After use os ti dealth a	is morke
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely tilled in by the further should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 21 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic events the medical extallion that the marity of order
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	1 00	REGISTRAR CEASED NAME FIRST	AA I	IDDLE	LAST	REG. NO		2b. HOUR
		OR 88(b.7)				MARCH		I I a TIC
111			FIRL	CON	AWAY		30, 1984	6.021-
( A)	3. SE	× _	4 RACE		5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR		HOURS MIN.
	-				3 30 84	0	YRS. 0 0	10
2 09		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1 1 1		MARYLAND	4.7	- A.	WIDOWED DIVORCED	O DACTIN	ICRECITY	M
1 11 77/	10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI		BUSINESS OF
5 53 70%	0	ACTd.	U. OF	MARI	CAND	INFAN		_
9 53 2		AL RESIDENCE (IF NURSING HOME STATE 136. COU	OTHER INSTITUTION, C	OVE RESIDENCE BEFORE	ADMISSION) N 1136 INSIDE CITY LIMITS	2 112- STREET ADDRESS	/ 7/D CODE	
2 65 4	130.	MD	1411	Balto	YES NO	2. STREET ADDRESS	tmor Ct. 212	17
1 12 /2/1/	14. F/	THER'S NAME			15 MOTHER'S MAIDEN			
comple		FIRST	WIDDIE	LAST	DIANE	WIDDIE	CONBUT	44
d con		VAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDR		t
Poges medical	- (	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		HOSP- N	ECOND		
d 5.5.5		18 CAUSE OF DEATH (Enter of	nly one couse per l	ine for (a) (b) on			APPROXIM	NATE INTERVAL
physical physic conpaper removal sevents		PART I. DEATH WAS CAUS	ED BY:		ATURITY		(.1	PF
0000		71 - I IMMEDIA	TE CAUSE (a)	1111	11007			
e deoth ce e ottending mave corb totion, or r troumotic		165	DUE TO, OR	AS A CONSEQUE	ENCE OF			
the deat		Conditions, if ony, which gove rise to immediate	(b)					
* > 0 5 £		couse (o), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	ENCE OF			
			( lc)					
equires the signed Then pled to burio	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART Ito	
	CERTIFICATION	19a DATE OF OPERATION	Tinh CONDIT	ION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING	CSTISED
n. n	5	196 DATE OF OPERATION	198. CONDIT	ION FOR WHICH			IN CERTIFYING CAUSES C	OF DEATH?
	=		7 70 70 00	INTERPO	21- HOW INTIUDY OC	YES NO	YES 🗌	ио 🗌
7 % SOF W		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DI			AY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
HYSICIAN nding ph his certifii buriol-tr d Mentol I	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.A		19			
	9	21d. INJURY OCCURRED	21e PLACE C	OF INJURY Et, factory, office, f	ARM, FTC ) 21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
offer the sortend of	1	AT WORK AT WORK						1 6 7
A A A A A A A A A A A A A A A A A A A		220.1 certify that (1) (this hasp			3.30 19	P4 10 J.	30 , 19 KV , th	not (I) (we) los
TTEP Porto of H		sow the deceased alive a	n 3 4 3 0		ond that in (my) (our) opin	nion death occurred on the d	ote and hour and from the co	ouses stated
OR A hospital beat them		226. SIGNATURE	X+H	. 1	DEGREE		Th. DAJE 5	IGNED,
te D T T T T T T T T T T T T T T T T T T		Moral 1.1	autor	us,	4-1) ATTENDIN PHYSICIA	MEDICAL STA		0/84
PPIT Sto		774 PHYSICIAN'S NAME THE	OR PRINT!	4	22e ADDRESS	1	1	/
TO HOSPITAL C		RONALD	1.60	ITBER	LETT U.D	F MD.	HOSP.	
0 a 0 d × ×	730	BURIAL CREMATION, REMOVA			NAME OF CEMETERY OR CREMATO			
		(SPECIFY)	1 238. DATE	.30.	THE OF CEMETERS OR CREMATO	CITY OR TOWN	COUNTY	STATE

24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 NAME (VRA 15, 4)

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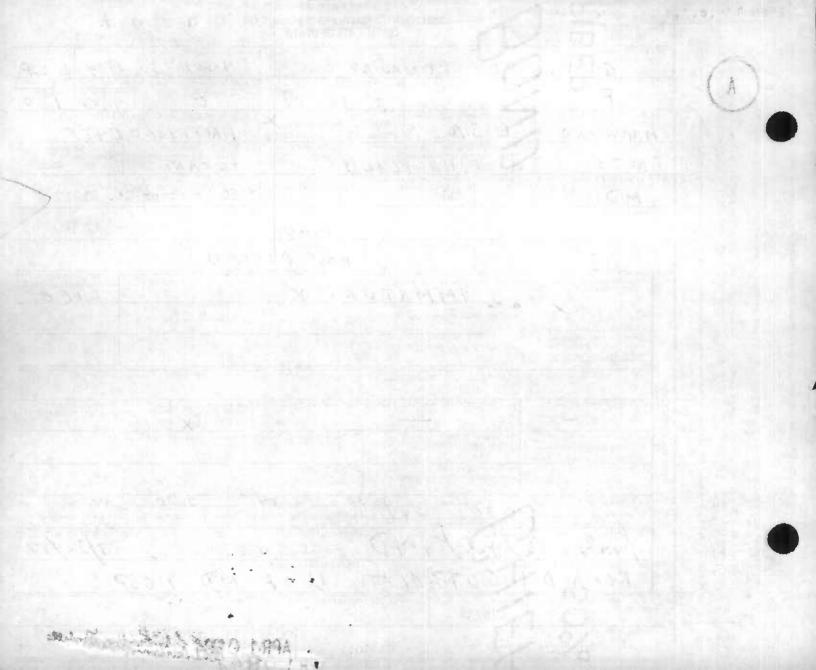
Anatomy Board

Remova1

ADDRESS.

4/5/84

Balto., Md.



DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

REGISTRAR I. DECEASED NAME

- STATE

3/21/84 BURIAL

Parkwood

Baltimore

20 DATE OF DEATH

COUNTY

COUNTY

22c. DATE SIGNED 3.18.84

Md.

NO [

STATE

26. HOUR

12h KIND OF BUSINESS OR

MACHOVEK

21218

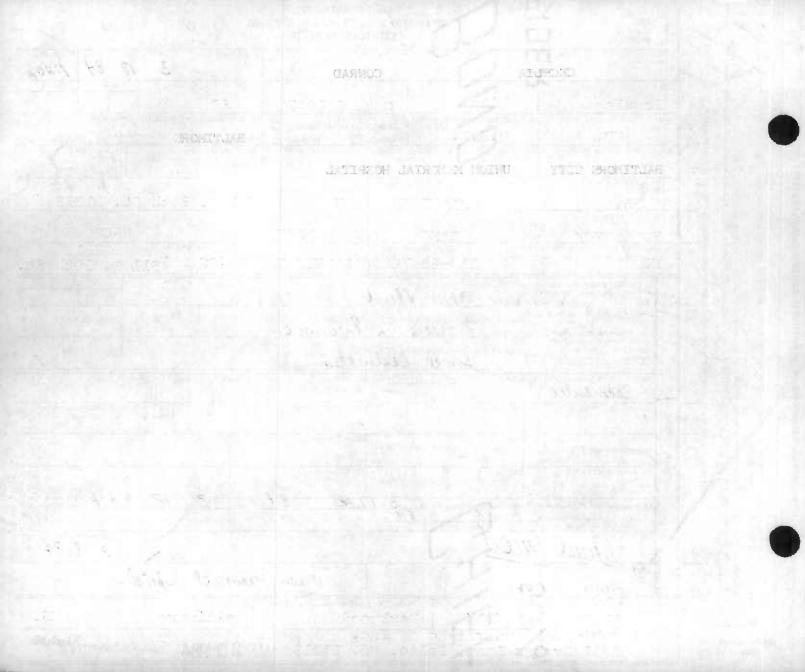
IF UNDER I YEAR

14 FUNERAL DISCORIMUNEK Funeral Home, Inc. 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 3331 Brehms Lane, Balto. Md. 21218

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



Elkridge, Md. 21227

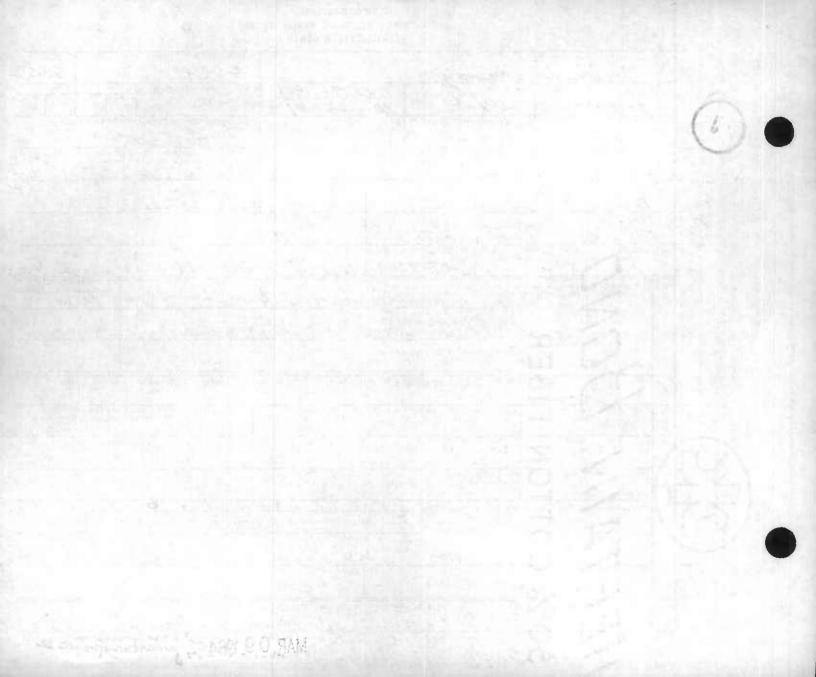
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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 26 HOUR 1: SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE UNDER 24 HRS 901 HOURS 76 CILIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE DEFOREGN MARRIED WEYER MARRIED WIDOWED DIVORCED [ BITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING INDUSTRY boralory IN STALE THE PROPERTY OF HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION CITY OR TOWN 13d INSIDERITY LIMITS? 13e. STREET ADDRE aves FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE INC WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** HEL HO DE HELOWN) (IF YES, GIVE WAR OR DATES) Othway 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ardio Res Dira IMMEDIATE CAUSE IQ Hemmorrhage Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ma 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? N CERTIFYING CAUSES OF DEATH? NOT NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased fram. war Mav and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIANA 22e ADDRESS The BURIAL CREMATION, REMOVAL 23b DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION

35 DATE REC'T BY REGISTRAPIZED REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4) A FLINERAL DIRECTOR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE OF DEATH 7h HOUR (TYPE OR PRINT) 10-6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER TYEAR IF UNDER 24 HRS DATE OF BIRTH MONTH MONTHS DAYS HOUR5 YEAR 12 Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** 7g. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED Maryland USA Baltimore City. WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR LITTE OF WORK FOR ANY TOP TOP THE INDUSTRY Lord Bldg. Bal Baltimore Baltimore City Hosp. Mechanic Aerospace USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 5504 Cedella Ave. Maryland Baltimore 21206 YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Clarence E. Margaret Ann Porter Cooper 5504 Cedella Ave In WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWNS 216-01-7394 Mrs. Vera Cooper, Baltimore, MD 21206 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate cause (a), stating the DUF TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION/GIVEN IN PART 110 CERTIFICATION Ph. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTO 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [ NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART ) OR PART 2) 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that ( (this haspital) appended the deceased fram /// (Ch nanch , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) aid not view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF should be detai MAPORTANT: PHYSICIAN DIRECTOR | PHYSICIAN 72e ADDRESS PHYSICIAN'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY | SPECIFY) CITY OR TOWN Burial Stablers Cemetery Parkton, Baltimore, MD Second at Franklin 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 J. Hartenstein, New Freedom, PA 17349MAR 16 1984 (VRA 15, 4)

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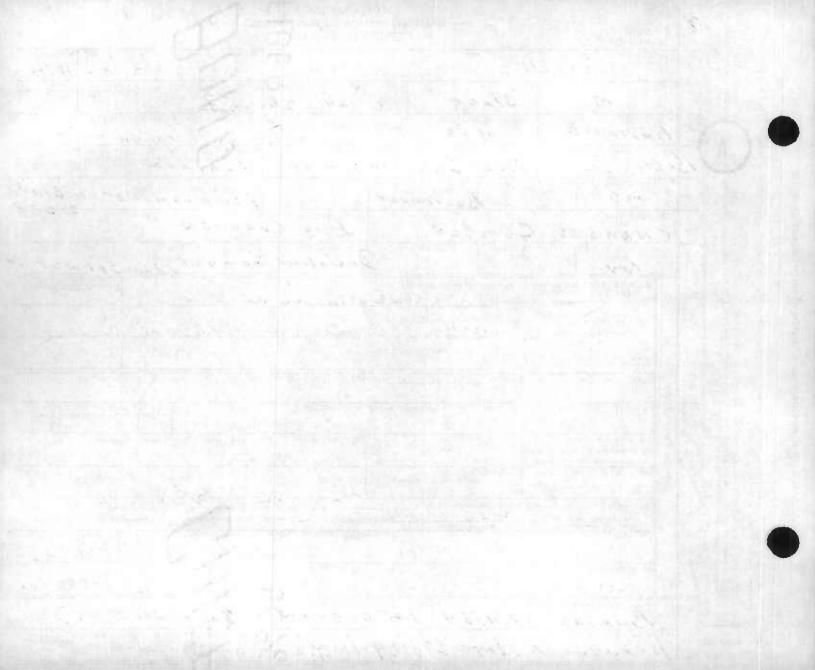
FOR			0	STA EPARTMENT OF		AARYLAND I AND MENTA	L HYGIE	NE6 / 6	1 3		
- STAT	TE ISTRAR			ICAL EXAMIN		1.0		ATH	, NO.		
1. DECEAS	SED NAME	FIRST		MIDDLE		COOVER,	JR.	20 DATE KNOWN OF ESTI- DEATH MATED	HINOM X	7-84 <sub>19</sub>	2b. HOUR
3 SEX Male	4. RA WI	CE	March 23,	YEAR LAST BIRTHD	AY) WONT		DER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH	7-84 <sub>19</sub>	2d. HOUR 0:05/
FOREIGN	PLACE (STATE OF COUNTRY)	R	U.S.A.			IED NEVER M	ARRIED	9. BALTIMORE CIT	Y OR COUN		MD
64	etown of di altimore			PITAL, NURSING HOMI		ER INSTITUTION	12a. US EOR AC	MAL OCCUPATION		OR INDUST	ISINESS RY
USUAL RE 130 STATE Mary.	SIDENCE (IF IN A	NURSING HOME OR	OTHER INSTITUTION, GIV ,	Baltimore	ION)	13d. INSIDE CITY LIMIT	13e. STI	REET ADDRESS 5210 Ching	uapin	Parkway	21239
14. FATHE	R'S NAME FIRST ed		MIDDLE L.	Coover	, Sr.	IS. MOTHER'S M FIRST Hylt	AIDEN NAM			tley	
(YES, NO	DECEASED EVE D. OR UNKNOWN) <b>CS</b>	(IF YES, GIVE W.	ED FORCES? AR OR DATES) W 2	16b. SOCIAL SECURIT 227-20-23		17. INFORMANT Alsace	L. Coo	over 6210		21239 napin Pk	wy.
		o immediate ng the <u>under</u> - st.	(c)	AS A CONSEQUENCE Ut not related to the term	NINAL DISEASI		IN PART T (q),				
CERTIFICATION 510	DATE OF OPER	RATION	19b. CONDIT	ION FOR WHICH OPER	RATION W	'AS PERFORMED?				20 AUTOPSY	NO XX
CAI CER	EXTERNAL CAI DERLYING LINTRIBUTING	OR CAUSE OF DE	ATH P.M.	MONTH DAY YEAR	R		IRRED (ENTER	NATURE OF INJURY IN ITEM	n 18 PART 1 OR PA	ART 2)	
W W	HILE DO	T WHILE WORK		F INJURY (AT HOME, DRY, FARM, ETC.)		CATION		CITY OR TOWN	со	PUNTY	STATE
1 1	22a. I certify tha		[V]	ribed obove, held on Accident , Su	Autop	, Homicide		Inquiry ,	ond in my op	pinion	
	TUAL INATURE	lla	wite 10	reshill	M	ASSIST	ant	DICAL EXAMINER	DATE		8-84
EXA (TYF			Wargarita	A. Korell		ADDRESS	ant MEI	PICAL EXAMINER Penn Stree	SIGNE		8-84

P >		STATE OF MARYLAND  1 - STATE REGISTRAR  STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
(A)		TANKE OF DIRECT PROPERTY OF THE PARTY OF THE	FUNDER LYEAR FUNDER SAME
age 4	2-12	EMALE HITE SALE SHALL OF CHIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTRY	
neral a in 72 h	6	MARRIED NEVER MARRIED BALTIMORE	4 MD.
irs after death by the funera filed within 72	2	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE)  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE)  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE)  12. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	AT HOME
LAND 212 nin 24 hou ly filled in should be	5	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STUD 136. COUNTY 136. COUNTY 136. TO WIN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS APT 180. TO WIND 136. THE STREET ADDRESS APT 180. THE STREET ADDRESS APT 1	8 #21215 We we
E, MARYL, uted within completely . I and 2 shield a completely .	10	4 FATHER'S NAME HYMAN N. ROSENTHAL  15. MOTHER'S MAIDEN NAME FIRST BESSIE  MODLE MODLE MODLE	IRTENBAUM
e execute n and co Pages 3	1 16	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MR. MARTINAROSENTHA  (1985 NO OR UNKNOWN) (16 YES, GIVE WAR OR DATES)  215-03-8219D 6948 MARSUE DR. BALTO., MD	L APT. 1C 21215
hysiciar popers. novol.	-	16 CALISE OF DEATH (Fater paly one course per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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BP		138. BURIAL CREMATION, REMOVAL 236. DATE MAR. 30,1984 HEBREW FRIENDSHIP 234. LOCATION CITY OR TOWN BALTIMORE	MARY LAND
DHMH - 16 50M 4/82 (VRA 15, 4)	2	44 FUNERAL DIRECTOR SOL LEVINSON & BROS INC. 250 DATE REC'D. BY REGISTRAR 256. REGISTR	Davidson-Randage
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(VRA 15, 4)

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(st	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE O		
	1.00	REGISTRAR	who.r	CERTIFICATE OF DEATH	REG. N		
* w=		CEASED NAME FIRST	WIDDLE	1 <del>-</del> - 2 -	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
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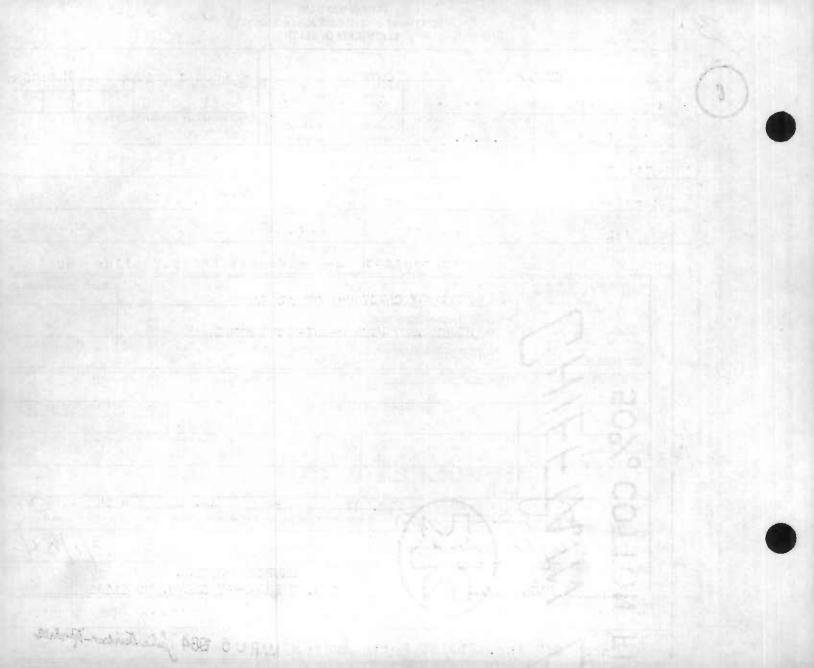
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		faryland		Baltimo	re	YES NO	3315 Devons	hire Drive	21215
2	14. F	ATHER'S NAME	MIDDLE	ŁAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST
		John William Coste				Mary Girard			
1		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU	URITY NO.	Mrs. Elmerta	a Costello ADDRES	55	21215
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Mr. Sienra W. Connelle Origination Service 15 1937 footstank feetings Galon outlines when all parties Trains and the wife endowed that Mark-Restor The control of the state of the FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE U

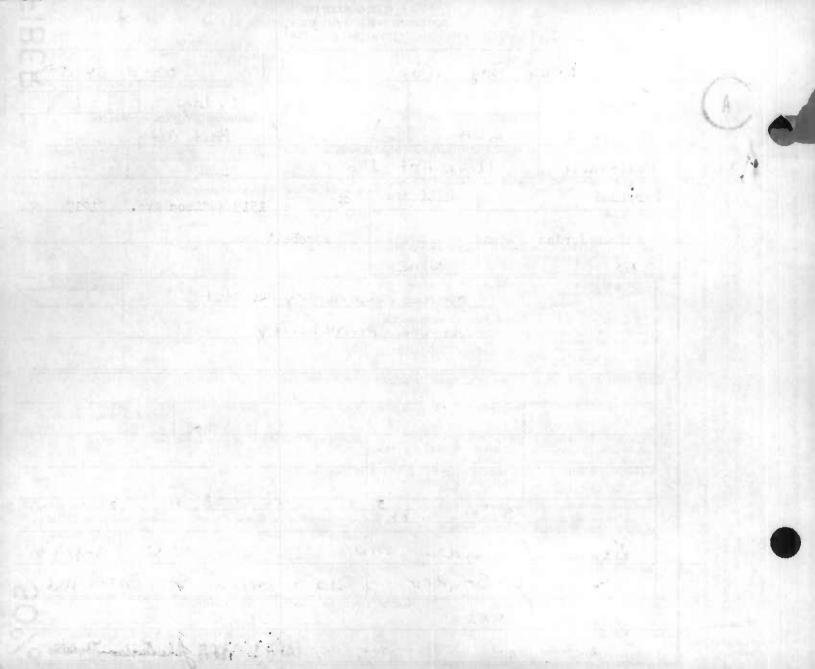
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(VRA 15, 4)

STATE OF MARYLAND



	1-	FOR STATE	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 6 /	5
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in 7 in 7	7a. BI	RTHPLACE (STATE OR FOREIGN 76 Mary I Amd	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Bout-	City
by the fu		Baltomore	(IF NOT IN SUCH FACILITY, GIVE STREET A	+ Ind	12a USUAL OCCUPATK	
mustbe	130	AL RESIDENCE (IF NURS ON THE COUNTY MAYER AND THE COUNTY MARY LAND	HER INSTITUTION, GIVE RESIDENCE BEFORE		13. STREET ADDRESS /	
mpletely ond 2 sh	14. FA	Andrea Jordon	Adams (AST	15. MOTHER'S MAIDEN N. FIRST Marshel	AME	LAST
Pages 1		VAS DECEASED EVER IN U.S. ARME YES, NO OF UNKNOWN) (IF YES, GIVE W	D FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRE	ss
by the attending use remove carbon, or resather troumatics.		Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) SEVEN  DUE TO, OR AS A CONSEQUE	e prematurit	ζ	
quires ri signed Then plec ta burial	NO		NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 110
no. has been signed permit. Then plec the prior to burial laws any injury, ar	TIFICATION			<u>EATH</u> BUT NOT RELATED TO THE TER.	MINAL DISEASE OR COND  200 AUTOPSY?  YES NOW	20L IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
no. has been signed permit. Then plec the prior to burial laws any injury, ar	CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT COI	216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUI 19	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
ding physician.  is certificate has been signed build-transit permit. Then plea.  Mental Hygiene prior to build no frem. It shows any injury, or frem. It shows any injury, or frem.	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT COI	216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUI 19 21f. LOCATION STREET	200 AUTOPSY?  YES NOW RRED (ENTER NATURE OF INJUR  CITY OR TOX	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO Y
has a transmission of the solutions of the solution of the sol		PART 2 OTHER SIGNIFICANT COI	196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F.)  Office of the deceased from Jew the body after death.	OPERATION WAS PERFORMED  Y YEAR 19 21f LOCATION STREET  ARM. ETC.) 21f LOCATION STREET  DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	200 AUTOPSY?  YES NOTER NATURE OF INJUR  CITYOR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO Y
hospital or after this certificate has been signed in RECTOR. After this certificate has been signed hed for use as the build-transit permit. Then pleapt, of Health and Mental Hygiene prior to burial tem 21 is marked at them 28 shows any injury, or	MEDICAL	PART 2. OTHER SIGNIFICANT COI  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED AT WORK NOT WHITE AT WORK NOT WHITE AT WORK  22a. I certify that (I) (this hospital) sow the deceased olive an above, (I) (we) (did) (did not) w  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR PA	196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F.) atlended the deceased from Jiew the bady after death.  L. Snydev	OPERATION WAS PERFORMED  Y YEAR 19 21f LOCATION STREET  ARM. ETC.) 21f LOCATION STREET  DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	200 AUTOPSY?  YES NOTE  RRED (ENTER NATURE OF INJUR  CITY OR TON  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TO THE MEDIT OF PART 2   WAY COUNTY STATE  19 That (I) (we) the and hour and from the causes stoted



STATE OF MARYLAND

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#	1-	FOR STATE REGISTRAR	DEPARTMENT OF F	E OF MARYLAND BEALTH AND MENTACHYG ICATE OF DEATH	REG. NO.	<b>3</b> 3
200	I. DE	CEASED NAME FIRST OR PRINT)	Leroy C	oy le	20 DATE OF DEATH MONTH	10 84 520 pm
(4)	3. SE	m	1. RACE S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1 1 47	7e. B	RTHPLACE (STATE OR FOREIGN COUNTRY) SA	76 CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COU	nty of death C. Ty MD.
		Baltimore	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	1 10 11	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
AND 213	13a :	TATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN A 1+ im re 3c. CITY OR TOWN	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODEN STARSO AVE
MAR willing and a second and a	JA FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA/	WIDDLE	LAST
oe execut on and co		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECURITY NO. 2/7075890	Puth Sac	Lean 1423	ardie St.
201 W. PRESTON ST., BALTIMORE, MARY es that the death certificate be executed with ned by the attending physician and camplet please remove carbon popers. Pages and urial, cremation, or removal.  f, or other troumatic event, the medical from		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c), 1 ED BY: TE CAUSE (a) Cordio galis	ronary Am	es 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce death ce ove carb stion, or r		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	is heart +	Tailurs	/mos.
11 W. PR that the base rem al, cremo		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	Obstrut	in Palmonary	As Severlyrs
oRDS, 20	NOI	Diahe	J VILL I LZ			
At RECC The law it no be of permit giene prig	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO		YES NOW IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shews any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJURY IN ITEM	n 18 PART I ORPART 2}
SIVISION Offer this offer this os the burn hand hand hand hand hand hand hand han	MEDICAL	WHILE OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spital or CTOR: A for use of Health		saw the deceased alive on	Morch 19 84, o	, 17	death occurred on the date and	hour and from the causes stated
TAL OR y the horal backed detoched oute Dept		Slan N	Den n		MEDICAL STAFF DIRECTOR PHYSICIAN	3/0/84
TO HOSPITAL (retoined by the TO FUNERAL I should be detoined the Store I IMPORTANT: If		224 PHYSICIAN'S NAME (TYPE OF	Dennis	300/ S./	Hanover St.	- Bulto MD
BP	23a.	AURIAL, CREMATION, REMOVAL PECIFY)	23b. DATE 3/13/84 27/15/6	EMETERY OR CREMATORY	234 LOCATION GITY OR TOWN	Lews ne. n
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR NAME ALE: 1 STEUCHS	ADDRESS BY EUR BA	250. DAT	R 1 4 1984 Fuli	GISTRAR SEIGNATURE

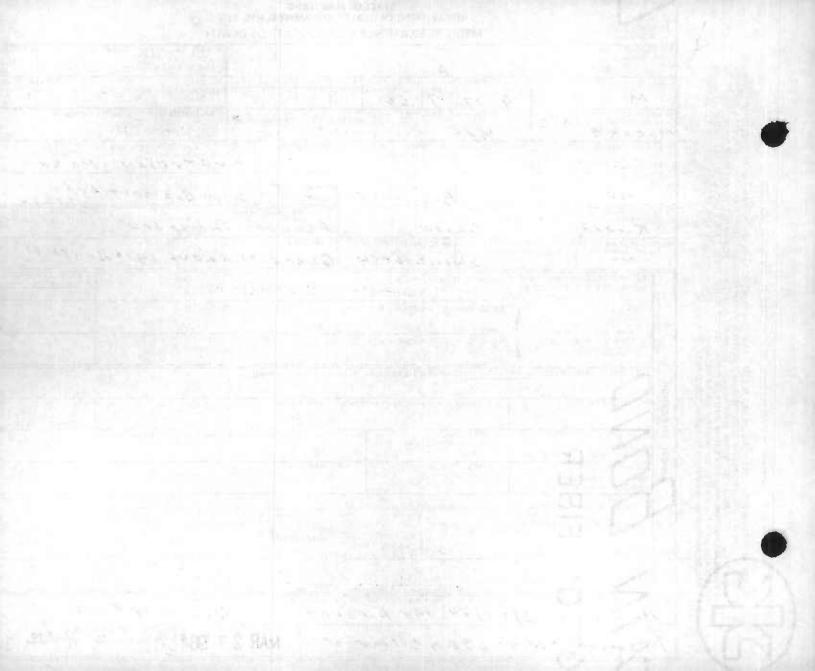


STATE OF MARYLAND

deoth deoth		CEASED NAME FIRST RICHARI	) D	CRAWFORD SR	REG. NO.  20. DATE OF DEATH MONTH OF MARCH 03/19/	1984 11
o attach	3. SE	Male	4. RACE White	5. DATE OF BIRTH "Sept 29, 1920		FUNDER I YEAR HUN
13/58		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Baltimore City	
11 10	al	TY OR TOWN OF DEATH	St Agnes Ho		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HE	126. KIND OF BUS
openity filted in	May May	ryland Bal	PROTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOW Catonsy  Limore Catonsy  LAST	VN 138. INSIDE CITY LIMITS		
and to		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF YES, G	IVE WAR OR DATES)		ADDRESS Rawford Jr 5918 St	
os been signed by the permit. Then please ret prior to burial, crem to any injury, ar ather	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  Ventricular And  190 DATE OF OPERATION		[electromechanical	20a AUTOPSY? 20b. IF YES	EN IN PART 110 forctions, WERE FINDINGS U
er this certificate ho the burial-transit p and Mental Hygien ked or time	MEDICAL CERTII	210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION	YES NO YES  RED (ENTER NATURE OF INJURY IN ITEM 18 PA	OUNTY
OIRECTOR: After the distribution of the distri	W	saw the deceased alive of	(AT HOME, STREET, FACTORY, OFFICE, I	3/19 19 84	death occurred on the date and hour	19.84 , that y
TO FUNERAL Eshould be detainwith the State IMPORTANT: If		22d PHYSICIAN SNAME (TYPE	OR PRINT)	PHYSICIAN ( 220 ADDRESS Saint Paper 1 tov.		3/19/8

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£ v)	29. 1920	3492	White	elak
Dalekmore Ciey		2	U.S.A.	dr.manit
Plember U.S.Agovernment		s Hospital	ii A Ji	oroni i Loll
5916 St Mary's St 21207		elliveno.	io. Frontsi.	Maryland E
-5 a.	ate Well!	Ĺ	pro-mal	late lerbert
rawford Jr 5918 St Mary's St	od Prads.	05 3257 RI	11 031	.W deY
Noward Maryland	í	34 Crestlau	Yaren 13te	lariai
	CLCy	un Ellicott	ricanto Elli	Harry H Wateke

	1-	FOR STATE		ENT OF HEALT	MARYLAND H AND MENTAL H CERTIFICATE C	PRATH	5 8
3 x x x x F		REGISTRAR CEASED NAME FIRST PE OR PRINT)	AMES A	CRIS	LAST	20. DATE KNOWN OF ESTI- DEATH MATED [	
NO STEEL	3. SE		5. DATE OF BIRTH MONTH DAY YEAR  9 17 17	AGE (IN YEARS IF U LAST BIRTHDAY) MON		MIN. PRONOUNCED DEAD	3-22-84 <sub>19</sub> 2:46
CESS SHITH PRES	M	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTS  11. NAME OF HOSPITAL, NURS	WIDO	RIED NEVER MARR	IED 🔼	
DELAY IS 3 TO THE N PAGE 205, 201		Baltimore	(IENOTINSUCHEACILITY, GIVE STRI 2900 Belmont	Avenue	HER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY
ACRE, MD. 21201  R DEATH. IF ANY DELAY IS NE AGES 1, 2, AND 3 TO THE FUN RM RAY 3. RETAIN PAGE 5 FULLAD 2 SHOULD BE FILED. W. V OF WITAL RECORDS, 201 W.	13a. S	ATHER'S NAME	NTY II3c CITY C		13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 29 OV BGL M	ONT AVE
AORE, M R DEATH. AGES 1, RM PM 1, AND 2	16a. \	WAS DECEASED EVER IN U.S. AR	MIDDLE CALIF	AL SECURITY NO.	LRANGO 17. INFORMANT	THOMPSON	
ST., BALTIMORE OURS AFTER DEA 18. GIVE PAGES WITH FORM F MIT. PAGES I(ĀN E., DIVISION OF V	()	Ann	2 4/1-/2  nly ane cause per line far (a), (b),	6094	GRACE	MIRHONE V	GIG BAKEN SY APPROXIMATE INTERVAL
TAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUS RD "PENDING" IN YERVIL IN TEM 18. HIFF MEDICAL EXAMINER ALONG W USED AS A BURIAL. TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.	NO	Conditions, if any, which gove rise to immediate couse (a) stating the <u>under</u> lying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF		ular disease	
SHOULD BORD PEN CHIEF ME E USED AS INTRIFE HEAL	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION V	WAS PERFORMED?		20 AUTOPSY?  YES □ NO 🛣
ON OF STEEL	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH I DEATH P.M. 21e PLACE OF INJURY	DAY YEAR	OCATION	ED (ENTER NATURE OF INJURY IN ITEM 10	S PART 1 OR PART 2)
134AACI	ME	WHILE AT WORK NOT WHILE I	STREET, FACTORY, FARM, ETC		psy . Inspectio	CITY OR TOWN	* COUNTY STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BALTMORE, MARYLAND, 2		The state of the s	rge of the remains described above ural couses X. Accident	e, held an Auta	Homicide TITLE (SPECIFY) M. DASSISTANT	Undetermined monner	DATE 3-23-84
TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTEN	23a.B	EXAMINER'S NAME (TYPE OR PRINT)  SURIAL, CREMATION, REMOVAL	argarita A. Kore	OLL, M.D.	_ADDRESS	Penn Street	POUNTS A STATE
BP DHMH · 17 (VR A 15 ME (5))	_	UNERAL DIRECTOR	3/27/44 N	o.Ima	ST 250. DATE	REC'D BY REGISTRAR 256 REG	



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rrector, page 3 urs ofter death FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

06/59

	CEASED NAME												
X	OR BRUE TO	ertrud		M	C	rockett	-	20 DATE OF DEATH	MONTH	27- 4		S HOL	12
-	<u></u>	1.	RACE					1.05	2	-	-	IÉ LINDER	4
1	female	1	whi:	+0	5. DATE C			AGE (IN YEARS LAST	BIRTHDAY)	MONTHS		HOURS	1 2.
1	Telliate		MIIT	LE	8	29	06		77 YRS				
70 BI	IRTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF V	WHAT COUNT	RY? 8	D NEVER M	APPIED T	BALTIMORE CITY	OR COUN	TY OF DEA	ATH		
	Md.		U.S.	.A.	WIDOWE		ORCED	Baltimo	re Cit	tv			
10 C1	ITY OR TOWN OF DEA	TH 11				OR OTHER INST	-	120 USUAL OCCUPA			(IND OF	BUSINE	ES
P	Baltimore			MOYA CH	Lty Hos	nital	ET P153	housewif		LIFE) INDL	JSTRY		
-	AL RESIDENCE (IF NURSI	NG HOME OF OF				J. 0012		HOUSEWILL					_
130 5	STATE	186 COUNTY	Y	13c CITY OR T	OWN	134 INSIDE CI		13e STREET ADDRES	5	Tank	- 04	4 00	
	Md.	A.A.		Millers	SATTTE	YES 🗌	NO D	617 Water	rwneel	Llane	e 21	108	
1	ATHER'S NAME	MIC	DDIE	LAST			MAIDEN NAM	E MIDDLE			LAST		
H	Elmer	W		Wyat	tt	Ali	ce			7	<b>Irav</b>	ers	
	WAS DECEASED EVER		ED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMAL	NI	ADD	RESS				
()	NO NO OR UNKNOWN)	(IF TES, GIVE V	VAR OR DATES)	214-0	1-2316	Bruce	Crocke	tt Sam	e as :	13e			
	18 CAUSE OF DEATH	L/Enter poly	ane cause nor l			,				1	APPROXIM I WEEN ON	ATE INTER	RV/
	PART I. DEATH W.	AS CAUSED	BY:	e 101 101, 101	11-1	10000	riat.	574 000	-	88	I WEEN ON	SET AND	DE
	0209	IMMEDIATE	CAUSE (o)		io in	o way	-van	avu			-		2
	0381		DUE TO, OR	AS A CONSE	QUENCE OF	1	1 8				2		
	Conditions, if any,	1 / 1	/			1 0/1		Mana M				1200 M	
			(b)	A	genes	+ au	yedra	wor.		_	1	114	n
	gove rise to imm couse (o), stoting	ediote g the	DUE TO, OR	AS A CONSE	QUENCE OF	+ au	years	MAN.			7		26
	gove rise to imm	ediote	DUE TO, OR	AS A CONSE	QUENCE OF	ton an	den	ssure s	oris		2	n	7
	gove rise to imm couse (o), stoting	nediate g the lost.	(c)	Delo	ditate	Ton an	Afra TO THE TERMIN	SSLITE S	erus Indition G	SIVEN IN P	2 ART 1(0)	n	7
NOI	gove rise to imm couse (a), stating underlying couse	nediate g the lost.	(c)	Dela	ditate	NOT RELATED	April TO THE TERMIN	SSWEL S	erus Dindition G	SIVEN IN P	2 ART 1(0	n	7
CATION	gove rise to imm couse (a), stating underlying couse	lost.	emer	Delon INTRIBUTING IN + I'A	LITATE TO DEATH BUT	NOT RELATED		NAL DISEASE OR CO	20h (F.Y	res, were	FINDING	ngs USE	7
IFICATION	gove rise to imm couse (o), storing underlying couse PART 2 OTHER SIGN	lost.	emer	Delon INTRIBUTING IN + I'A	LITATE TO DEATH BUT			20s AUTOPSY?	20h IF Y	(ES, WERE	FINDING	F DEAT	TH
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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

HOSPITAL

should be detached for use as the burnal-transit permit. Then please remove carbon papers. Page, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

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	1 -	FOR STATE REGISTRAR			DEPARTA	CERTIF	EALTH AI
3 7 6		CEASED NAME OR PRINT)  J(	OYCE	LEE	CRO		AST
	SEX			4 RACE		5. DATE C	+ D/
March Page	(	Female RIHPLACE (STATE OR F COUNTRY) Laryland	FOREIGN	U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE	
1 11 /2/A	В	TY OR TOWN OF DEA		Good S	HOSPITAL, NURSIN H FACILITY, GIVE STREET AMATITAN	Hosp:	or other
ARYLAND 21201  within 24 highs offi- forely filled in by the d 2 should be filled in	130. 5	AL RESIDENCE (IF NURS TATE Tyland	13b COUN Balti	ITY	GIVE RESIDENCE BEFORE 134 CITY OR TOW TOWSON		13d. INSI
MARYLA and market and	4. FA	THER'S NAME  Benjamar		E. Cr	oft		15 MOTH
IMORE,		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 216-22-84		17 INFO Ethe
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed without a familiar or attending physician.  After the cartificate has been signed by the ottending physician and completely filled in brain the burnol-tracial permit. Then please remove corbon-popers. Popul Land 2 should be filled in the complete to burnol, cremation, or removal provided in the complete to burnol, cremation, or removal.	NOI	18 CAUSE OF DEAT PART I. DEATH W  LOGO Conditions, if ony, gove rise to imm cause (a), statin underlying cause  PART 2. OTHER SIGN	/AS CAUSE IMMEDIAT , which mediate ing the last.	D BY: E CAUSE (o)  DUE TO, Of  (b)  DUE TO, Of  (c)	Pneu R AS A CONSEQUE Meta R AS A CONSEQUE	imonia ENCE OF astat:	ic Ca
F VITAL RECO	CERTIFICATION	19a DATE OF OPERA		] 21b. TIME O			N WAS PE
O PHYSICIAN: The attending physician artending physician in the burnel-frager in and Mendal Higgin and a literal Is shown and at literal Is shown and	MEDICAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL INJURY OCCUR!)  21d INJURY OCCUR!  WHILE NOT WHAT WORK AT WO	CALEXAMINER	21e PLACE	M,	19	21L LOC
DIVIDING OR ATTENDING E haspital or attending to the ast the did on the standing of the standing term of th		22a I certify that (I) sow the decease above, (I) (we) (s 22b. SIGN ATURE	(this haspi	March	22 19 8		2 84 nd that in DEGREE

BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 6 / 6 Q
CERTIFICATE OF DEATH

	REGISTRAR				OFDEATH	REG. NO	D.			
	DECEASED NAME FIRST	A	IDDLE	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR	2
L	JOYCE	LEE	CROFT			March 22,	1984		1:20	$P_{M}$
1	SEX 4	RACE	5. (	DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 2	HRS MIN.
L	Female	White	S	ptembe	r 1, 1926	57	YRS.		HOURS	MIN.
70	BIRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF V	VHAT COUNTRY? 8.	APPIED AN	EVER MARRIED 3	9 BALTIMORE CITY O				
1	Maryland	U.S.A	. w	DOWED [	DIVORCED [	Baltimon	ce City	7		MD.
10	Baltimore	1. NAME OF H	OSPITAL, NURSING H HFACILITY, GIVE STREET ADDRI AMATITAN HO	ome or othe ospital	er institution	120 USUAL OCCUPATION OF MOST OF ACCOUNTANT	F WORKING LIFE)	126. KIND C INDUSTRY McCo:	rmick	
13	SUAL RESIDENCE (IF NURSING HOME OR O 36. STATE 136 COUNT Maryland Balti	Υ	GIVE RESIDENCE BEFORE ADM 13t CITY OR TOWN Towson			13e STREET ADDRESS /		ne, 2	1204	
1		E. Cr	oft LAST	15 MC	THER'S MAIDEN NAM	V.		man	51	
16	(YES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES?	16b. SOCIAL SECURITY	NO. 17 INF	ORMANT	ADDRE	SS			
T	No	WAR OR DATES	216-22-8439	Eth	el M. Wolf	,1500 Tunla	w Rd.	Balto	.Md.2	1218
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	Pneumo  AS A CONSEQUENCE Metas  AS A CONSEQUENCE	of tatic C	ancer of L	ung				
	PART 2. OTHER SIGNIFICANT CO		NTRIBUTING TO DEAT			NAL DISEASE OR CON	20b. IF YES,	WERE FINDI	NGS USED	
	EF.					YES T NOT	IN CERTIFY	ING CAUSES	OF DEATH	
		21b. TIME OI HOUR A.A	A. MONTH DAY	YEAR	OW INJURY OCCURRE	ED (ENTER NATURE OF INJUI				
	OR CONTRIBUTING CAUSE OF BEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE C	OF INJURY BET. FACTORY, OFFICE, FARM.		OCATION STREET	CITY OR TO	wN	COUNTY	\$17	ATE
	220 I certify that (1) (this haspite saw the deceased alive anabave, (1) (we) (did ) (did nat)	March	22 19 84		in (my) (aur) apinian d	to Marcheath accurred an the do		and from the	that (1) (we causes stat	
	226. SIGNATURE	ian.	mo	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI		3/c DATE	SIGNED 22/S	34
	Shakera Kh		•		ood Samari	tan Hospita	al, Bal	timor	e,Md.	Ì
23	36. BURIAL, CREMATION, REMOVAL	236. DATE 3-25-	84 Imma	anuel L	ry or crematory uth. Churc					AŤĒ
	4 FUNERAL DIRECTOR		100	York		REC'D. BY REGISTRAR				

the mark nagere is the giberral caracter and a girl measure o fight pareser has the case the same for the first terms. 

CROSBY Jonquil Avenue APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my (ou)) apinion death accurred on the date and hour and from the causes stated COUNTY STATE BURIAL 3/8/84 Garrison ForestVA Owings Mills Md 24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

MONTH

2b. HOUR

17h KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

20. DATE OF DEATH

CERTIFICATE OF DEATH

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

- STATE

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## STATE OF MARYLAND

	CEASED NAME FIRST	WIDDLE	C	AST CSS	20. DATE OF DEATH "	3 - 77 - 84 11:15
1. 5E		14. RACE	5. DATE C	-	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER TYEAR IF UNDER 24
			MONTH 12	DAY YEAR	71	MONTHS DAYS HOURS
	A LE	76. CITIZEN OF WHAT COUN	UTDV2 8		9 BALTIMORE CITY OR	YRS. COUNTY OF DEATH
(	COUNTRY)		MARRIE	D NEVER MARRIED		
	ITY OR TOWN OF DEATH	U.S.A.	WIDOWE		Baltimore	
В	altimore	Baltimore C	STREET ADDRESS)	N OTHER WOTHON	(TYPE OF WORK FOR MOST OF Retired	
13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO			13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌		1127 Steelton Ave Balto., Md. 21224
	ATHER'S NAME	MIDDLE LAS	-	15. MOTHER'S MAIDEN NA		
W	lebster		COSS	Lenora	MIDDLE	Lewis
16a. V	WAS DECEASED EVER IN U.S.		L SECURITY NO.	17 INFORMANT	ADDRES	S1127 Steelton Av
	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 234-0	1-2964	Miss. Neoma	Cross	Balto., Md. 2122
	Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	15 4	Neutopen o	Llung	
ATION	gave rise to immediate cause (a), stating the underlying cause lost.	( b) 3498	SEQUENCE CA	NOT RELATED TO THE TERM	f Lung	206. IF YES, WERE FINDINGS USED
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CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSTITUTION FOR WA	SEQUENCE CA	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR	LUNG INAL DISEASE OR COND  200 AUTOPSY?  YES   NOTE	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \( \text{NO}\)
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. IN JURY OCCURRED  WHILE DOT WHILE DAT WORKE DAT WORK CAUSE OF CONTRIBUTION CONT	DUE TO, OR AS A CONSTITUTIONS CONTRIBUTIONS  19b. CONDITION FOR W  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AI MOME, STREET, FACTORY, C	G TO DEATH BUT  WHICH OPERATIO  H DAY YEAR  19  DEFICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET	TINAL DISEASE OR COND  200 AUTOPSY?  YES NOTE  RED (ENTER NATURE OF INJURY)  CITY OR TOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1 YIN ITEM 18 PART 1 OR PART 2)  VIN COUNTY STA
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DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

Walter Dabrowski - 1005 Dundalk Ave. 21224

MAR 27 584 Julia Sairdon-Randalles

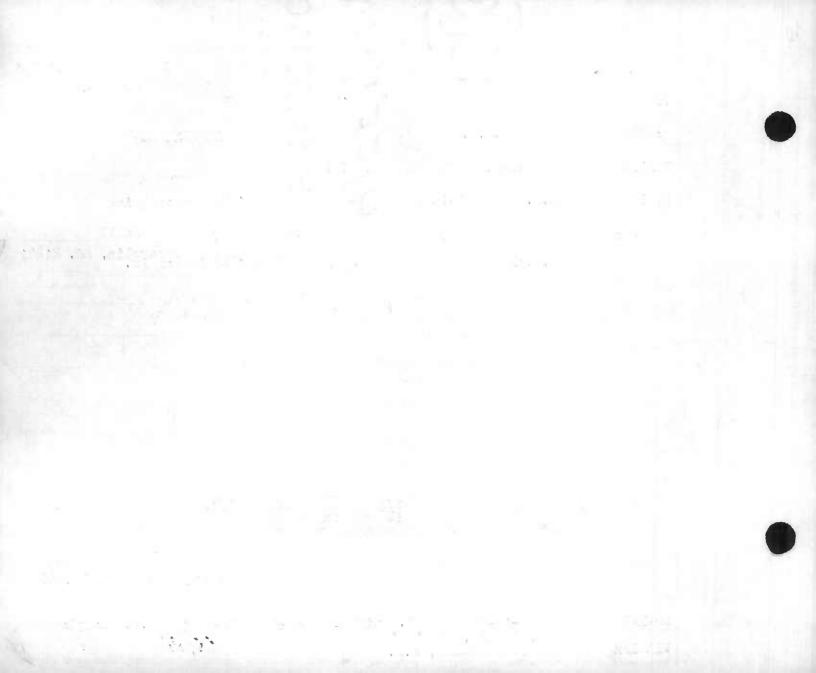
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DEPARTMENT	OF	HE	Al'	TH	AND	MENT	ı

MALE  BLACK  8°th 10°s 25	FOR 1 - STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	9
JAMES CRUWNER  ARCE SLATE OF BRITH SACE (15-11 OF TORTON)  BLACK SLATE OF SACE SLATE OF TORTON  BLACK SLATE OF SACE SLATE SL				20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
MALE  BLACK  8d' 12 25 58 YES.    SAME   SAM	JAMES	(	CROWNER	3 1	0 84 12:08 R
MALE BLACK 8 17 25 58 YES.  16 CHIZEN OF WHAT COUNTRY? WARRIED DNORGED	3. SEX	4 RACE		6 AGE (IN YEARS LAST BIRTHDAY)	
TABLETINATE (STATE GENERAL GENERAL GENERAL GENERAL COUNTRY)  MARRIED TO MARRIED M	MALE	BLACK	19 17 25	58 VPS	MONTHS DAYS HOURS MIN.
BALTIMORE   I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. KEND OF BUSINESS OR INDUSTRY   ID. USALO CEUTATION   ID. STREET ADDRESS / ZIP CODE   ID. ST	TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	DALTIMORE CITY OR COUNTY	Y OF DEATH
RECEITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   122 USUAL OCCUPATION   171 UP OF WORK FOR HOSPITAL NURSING HOME OR OTHER INSTITUTION   172 USUAL DECEMBER   171 UP OF WORK FOR HOSPITAL NURSING HOME OR OTHER INSTITUTION   172 USUAL RESIDENCE (IF HOME OR ADMISSION   174 OF TOWN   174 UP OF WORK FOR HOSPITAL NURSING HOME OR ADMISSION   174 OF TOWN   174 UP OF WORK FOR HOSPITAL NURSING HOME OR ADMISSION   174 OF TOWN   174 UP OF WORK FOR HOSPITAL NURSING HOME OR ADMISSION   184 UP OF TOWN   184	MARYLAND	U.S.A.			TV MD
DULL TINDRE  VANC, SALTIMURE, MD. 21218  DULL RESIDENCE (IF NORSHOR ORDINER SHORE SH	O CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION	12b. KIND OF BUSINESS OR
136 STATE   136 OUNTY   136 INSDECTIVE LIMITS   136 STREET ADDRESS / ZIP CODE   236 STREET ADDRESS / ZIP CODE   ZIP C	7		JKE, MU. 21218	(TYPE OF WORK FOR MOST OF WORKING LI	FE) I INDUSTRY
JAMES  REPOWDER  AURIDA  AURIDA  ADRES  REPOWDER  REPOWD	13a. STATE 186 COU	NTY 13c. CITY OR TO	OWN 134. INSIDE CITY LIMITS		
18. WAS DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.   17. INFORMANT   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   1826   182	FIRST		A FIRST TO	MIDDLE	S.C.OTITI
SCAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.)	14- AMAS DECEASED EVER INTILS AS			ADDRESS	
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DUE TO, OR AS A CONSEQUENCE OF billageral fungedens  Conditions, if ony, which gove rise to immediate couse (i.), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (i.)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (i.)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (i.)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (i.)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (i.)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (i.)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (i.)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (i.)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH?  YES NO THE THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (i.)  PART 2 OTHER SIGNIFICANT ON THE TERMINAL DISEASE OR CONDITION ON THE TERMINAL DISEASE OR CONDITIONS COUNTY STATE  THE THIRD THE TERMINAL DISEASE OR CONDITIONS COUNTY STATE  THE THIRD THE TERMINAL DISEASE OR CONDITIONS COUNTY STATE  THE THIRD THE TERMINAL DISEASE OR CONDITIONS COUNTY STATE  THE THIRD THE TERMINAL DISEASE OR CONDITIONS COUNTY STATE  THE THIRD THE TERMINAL DISEASE OR CONDITIONS COUNTY STATE  THE THIRD THE TERMINAL DISEASE OR CONDITIONS COUNTY STATE  THE THIRD THE TERMINAL DISEASE OR CONDITIONS COUNTY STATE  THE THIRD THE TERMINAL DISEASE OR CONDITIONS COUNTY STATE  THE THIRD THE TERMINAL DISEASE OR CONDITIONS COUNTY STATE  THE THIRD THE TERMINAL DISEASE OR CONDITIONS COUNTY S	18 CAUSE OF DEATH (Enter a	nly one cause per line far (a), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stofting the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) EXAMPLE 10 (b) CONDITION FOR WHICH OPERATION WAS PERFORMED  198. DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   100. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? YES   NO   Y			pulmonary taile	ire with severe	
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196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO PERFORMED 19. CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR (FEITHER NOTIFY MEDICAL EXAMINER)  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTEM 18. PART TOR PART 7)  197. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE  198. DATE OF OPERATION 199. CONDITY INTEM 18. PART TOR PART 7)  199. COUNTY STATE  199. A L to 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw the deceased clive on 3/10 19 84 that M (we) lost saw that M (we) lost	underlying couse last.	10 esoph	ageal carcino	ma	
OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  214. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  270 Certify that M (this haspital) attended the deceased from 1/8 as we the deceased alive an 3/10 above, (b) (we) (did) (n) of pot) view the body after death.  270 (Wee) (did) (n) of pot) view the body after death.  270 SIGNATURE  270 LOCATION STREET  271 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  272 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  273 BURIAL, CREMATION, REMOVAL  273 BURIAL, CREMATION, REMOVAL  273 BURIAL, CREMATION, REMOVAL  274 PHYSIC FROM 100 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  275 ADDRESS  3900 LOCH RAVEN BLVD. BALTIMORE, MD. 21218		CONDITIONS CONTRIBUTING T	TO DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITION GI	VEN IN PART 1(a
OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  214. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  270 Certify that M (this haspital) attended the deceased from 1/8 as we the deceased alive an 3/10 above, (b) (we) (did) (n) of pot) view the body after death.  270 (Wee) (did) (n) of pot) view the body after death.  270 SIGNATURE  270 LOCATION STREET  271 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  272 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  273 BURIAL, CREMATION, REMOVAL  273 BURIAL, CREMATION, REMOVAL  273 BURIAL, CREMATION, REMOVAL  274 PHYSIC FROM 100 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  275 ADDRESS  3900 LOCH RAVEN BLVD. BALTIMORE, MD. 21218	O DATE OF OBERATION	Tigh CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20s AUTOPSY? 20h JE YE	S WERE FINDINGS LISED
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  214. INJURY OCCURRED  216. INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  270 Certify that M (this haspital) attended the deceased from 1/8 as we the deceased alive an 3/10 above, (b) (we) (did) (did not) view the body after death.  270 (we) (did) (did not) view the body after death.  270 SIGNATURE  270 SIGNATURE  270 CERTIFY SIGNATURE  270 CERTIFY SIGNATURE  271 DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE  270 SURTIAL, CREMATION, REMOVAL 23b. DATE  270 SURTIAL, CREMATION, REMOVAL 23b. DATE  271 DATE SIGNATURE  272 SURTIAL, CREMATION, REMOVAL 23b. DATE  273 SURTIAL, CREMATION, REMOVAL 23b. DATE  274 COUNTY STATE  275 CAUSE OF CEMETERY OR CREMATORY  275 SIGNATURE  276 SURTIAL, CREMATION, REMOVAL 23b. DATE  276 SURTIAL, CREMATION, REMOVAL 23b. DATE  277 STATE  278 SURTIAL, CREMATION, REMOVAL 23b. DATE  278 SURTIAL, CREMATION, REMOVAL 23b. DATE  279 SURTIAL CREMATION, REMOVAL 23b. DATE  270 SURTIAL CREMATION, REMOVAL 23b. DATE  270 SURTIAL CREMATION, REMOVAL 23b. DATE  270 SURTIAL CREMATION, REMOVAL 23b. DATE  271 SURTIAL CREMATION, REMOVAL 23b. DATE  272 SURTIAL CREMATION, REMOVAL 23b. DATE  273 SURTIAL CREMATION, REMOVAL 23b. DATE  274 SURTIAL CREMATION, REMOVAL 23b. DATE  275 SURTIAL CREMATION, REMOVAL 23b. DATE  276 SURTIAL CREMATION, REMOVAL 23b. DATE  277 SURTICLE SURTIAL CREMATION  278 SURTIAL CREMATION  CITY OR TOWN  COUNTY STATE  CITY OR TOWN  C	DATE OF OPERATION	190. CONDITION FOR WITH	CH OFERATION WAS FER ORMED	IN CERT	FYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  214. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  270 Certify that M (this haspital) attended the deceased from 1/8 as we the deceased alive an 3/10 above, (b) (we) (did) (n) of pot) view the body after death.  270 (Wee) (did) (n) of pot) view the body after death.  270 SIGNATURE  270 LOCATION STREET  271 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  272 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  273 BURIAL, CREMATION, REMOVAL  273 BURIAL, CREMATION, REMOVAL  273 BURIAL, CREMATION, REMOVAL  274 PHYSIC FROM 100 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  275 ADDRESS  3900 LOCH RAVEN BLVD. BALTIMORE, MD. 21218	M 21- ACCIDENT WAS HINDERLYING T	215 TIME OF INTURY	71, HOW IN HIPY OCC		
276   Certify that M (this haspital) attended the deceased from 1/8   19.84   10.3/10   19.84   that M (we) last saw the deceased alive an 3/10   19.84   ond that inXiV) (our) opinion death occurred an the date and haur and from the causes stated above. (b) (we) (did) (did not) view the body after death.   DEGREE   276. DATE SIGNED		LICIAN A AL MONITAL		TEMER HATORE OF PRIOR PATER IS	TAN TON TANT 2)
276   Certify that M (this haspital) attended the deceased from 1/8   19.84   10.3/10   19.84   that M (we) last saw the deceased alive an 3/10   19.84   ond that inXiV) (our) opinion death occurred an the date and haur and from the causes stated above. (b) (we) (did) (did not) view the body after death.   DEGREE   276. DATE SIGNED	(IF EITHER NOTIFY MEDICAL EXAMINE				
270 Certify that M (this haspital) attended the deceased from 1/8 19.84 to 3/10 19.84, that M (we) last saw the deceased dive an 3/10 19.84, and that inXiV (our) opinion death occurred an the date and haur and from the causes stated above. (I) (we) (did (id) one) in view the body after death.  270 SIGNATURE  270 DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	WHILE D NOT WHILE D			CITY OR TOWN	COUNTY STATE
saw the deceased alive an 3/10 19 84 and that in XW) (our) opinion death occurred an the date and haur and fram the causes stated above. (I) (we) (did) (did not) view the body after death.    276. SIGNATURE   DEGREE   ATTENDING   MEDICAL   STAFF   PHYSICIAN   DIRECTOR   DIRECTOR   PHYSICIAN   DIRECTOR   PHYSICIAN   DIRECTOR	AT WORK AT WORK			2/10	61
2726. SIGNATORE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSI	220) certify that (this hasp	oital) attended the deceased tro		ing death accurred on the date and he	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	above, (1) (we) (did) (did)	ot) view the bady after death.		ion death occorred an me date and na	
224 PHYSICIAN'S NAME (TYPE OR PRINT)  BACOLLING, MD.  2276. ADDRESS 3900 LOCH RAVEN BLVD. BALTIMORE, MD. 21218  236. BURIAL, CREMATION, REMOVAL 236. DATE  236. NAME OF CEMETERY OR CREMATORY (SPECIFY)  CITY OR TOWN COUNTY  STATE	BACA	2 1111	ATTENDING		THE DATE SIGNED
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 234. LOCATION CITY OR TOWN COUNTY STATE	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
(SPECIFY) CITY OR TOWN COUNTY STATE	1 BA Col	llins, MD.	<u> </u>		MORE, MD. 21218
	230 BURIAL, CREMATION, REMOVAL	L 23b. DATE 2		CITY OR TOWN	
BURIAL 3-15-1984 St. Matthews Church Shady Side A.A. Maryland	BURIAL	3-15-108/	S+ Moddle on		
BURIAL 3-15-1984 St. Matthews Church Shady Std. A.A. Maryland 14 FUNERAL DIRECTOR Annapolis, Md 21 401 WILLIAM REESE & SONS MORTHARY P.A. MAR 1 5 1984		17-17-1904	Die Plattnews Churc	h Shady Side A.	A. Maryland

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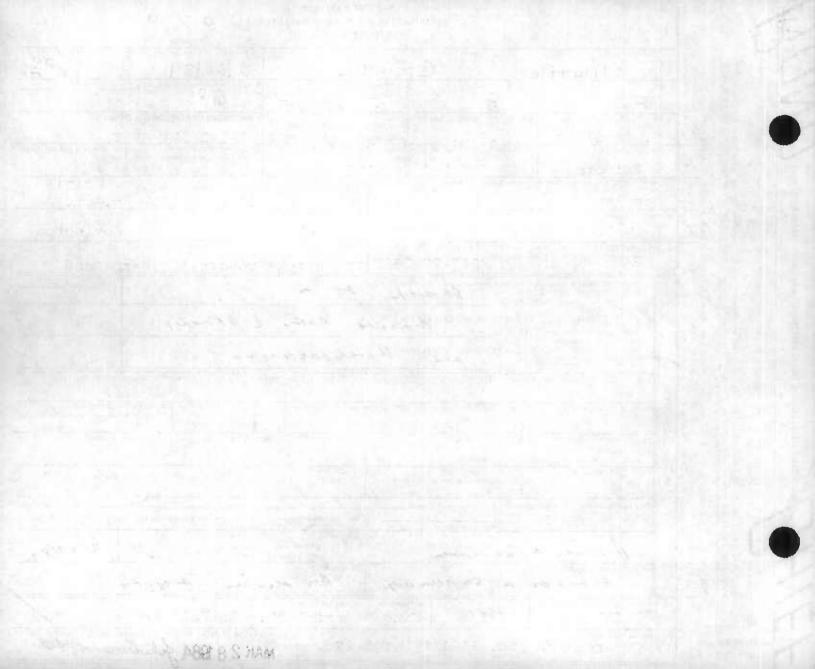
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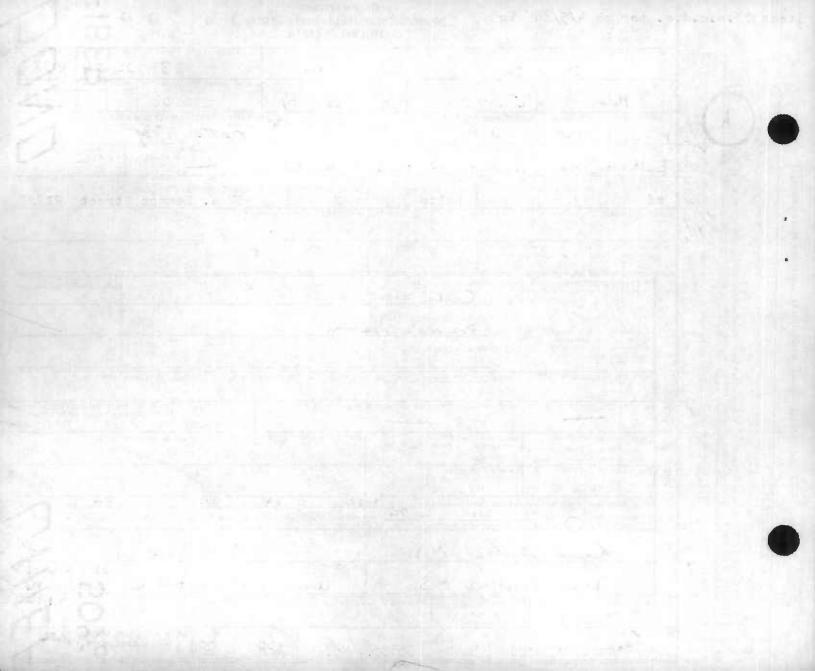
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	1 -	FOR STATE REGISTRAR	DEPAI	RTMENT OF F	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	D.		
- 1	I. DEC	EASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
		ORPRINT) Matti	. (	- mu	do	3 26/8:	4		650
	3. SE		4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRT	(HDAY) IF UN	DER TYEAR	IF UNDER 24
	3. SE/	_	D. KACE	MONI	H DAY YEAR	69	MONTH		HOURS
1		1-	5	3	15 14	4 /	YRS.	DEATH	
8/1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	K COUNTY OF	DEATH	
30		. Carolina	U.S.A.	WIDOW	ED NORCED	BALTIMO			
24		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	REET ADDRESS)		128 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		26 KIND OF NDUSTRY	BUSINES
17		Baltimore	BON SECOURS						
35	13a. S	TATE 13b. COUP	ROTHER INSTITUTION GIVE RESIDENCE BEI NTY 136. CITY OR TO Balti	OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			218
1	_	THER'S NAME	Darci	more	15. MOTHER'S MAIDEN NAV		LOCII D	C - 110 C	
300		Walter	Morri	son	Hester	MIDDLE		Covin	gtor
8 1		AS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	ADDRE	SS		
Bed	0	NO (IF YES, GIV	217-22	-2660	Frederick (	Crowder 1	38 Fari	n Roa	ad
÷ 1		18 CALISE OF DEATH (Enter or	nly one couse per fine for (a), (b),	and (c) )				APPROXIA	MATE INTERV
ent,	- 1	PART I. DEATH WAS CAUSE	ED BY:		20 60		/ 1		
9		IMMEDIA	TE CAUSE (o)						
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0		Conditions, if ony, which	(b)	- acre			/		
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oth		underlying couse lost	( c) and	a.	THE ONE TEN	2 11			
0 ,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 110	
(roje	NO								
20	ATIC	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	28a AUTOPSY?	706. IF YES, WI	ERE FINDIN	IGS USED
000	CERTIFICAT	THE DAIL OF CILINATION				1933	IN CERTIFYING	G CAUSES	OF DEATH
é /	RT		3 20 20 20 20 20 20 20 20 20 20 20 20 20		Tas around the same	YES NO	YES [		но 🗌
80	ü	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THE PART AND ALCOHOLD	DAY YEAR	21c. HOW INJURY OCCURE	CED ENTER NATURE OF INJU	RY IN ITEM IS PART I	OR PART 2]	
F 4	N N	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19					
5	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION STREET	CITY OR TO	anni	COUNTY	514
P /	₹	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFE	ICE, FARM, ETC )	STREET	CIT ON TO			
morked			to the standard the decreased for		. 19	40			that (I) (w
.12			oitol) attended the deceased fro		and that in (my) (our) opinion (	, to			
121		obove, (I) (we) (did) (did no	n ot) view the body ofter death.	, 0		deoin occorred on the di	THE GIRG HOUT GIR		
Her		226. SIGNATURE			DEGREE			22c. DATE	
		Arrena 1	1 Pan may		ATTENDING PHYSICIAN [	MEDICAL STA	IAN TA	3/	27/8
Z		1224. PHYSICIAN'S NAME (TYPE)	OR PRINT}		22e. ADDRESS				
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IMPORTANT: IF									
-		SURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION		DUNTY	n - STA
	1	BURIAL	3/31/84	King	Memorial Pk	. Randal	Istown	,	Md'
	24 F	JNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR	'S SIGNATI	URE
4/83	Wn	n ComeMarch F/F	H Inc. 1101 PDDR	Nort	h Ave.	AH 2 0 109A	Selia Dav	idson-1	andel



3	1.	FOR STATE		DEPARTM	ENT OF HEALTH	AND MENT	TAL HYGIENE	6/	6 =		
	I. DE	REGISTRAR CEASED NAME FRST	lorence MI	DDIE <b>£ 1:</b> 4	CERTIFICATE		20. D	REG.		AY FEAR	2b. HOUR
ndy be page 3			INCE	Elizab		mming ning	5	E	3/2	1/84 IF UNDER 1 YEAR	12 30
of the table	3. SE	Female	White		MONTH		Ö9	74	YRS M	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
(11)35	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	MARRIED N	EVER MARR	RIED -	Baltimo	or county	OF DEATH	W
31	10. C	Baltimore	Baltimo	OSPITAL, NURSING FACILITY, GIVE STREET AN VRE ILLY	HOME OR OTHE PORESS)		{TYPE	DE WORK FOR MOST		INDUSTRY	Home
24 he willed in the state of th	130	AL RESIDENCE (IF NURSING HOME STATE 13b. CO			DMISSION)	SIDE CITY LI	IMITS? 13 S	REET ADDRESS	ZIP CODE	1787	
mplerely ond 2 sho		ATHER'S NAME William	MIDDLE	Lilly	<u> </u>	20	IDEN NAME	MIDDLE	, ilveran	LAS	
n and cal		VAS DECEASED EVER IN U.S. (IF YES,		16b. SOCIAL SECUR		ORMANT	L. Cummi		RESS 6819 Sc	outhriv	21220 rer Dr
physicia npopers maval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per li SED BY IATE CAUSE (a)	ine for (a), (b), and							MATE INTERVAL ONSET AND DEATH
death cer		7070 Conditions, if any, which		AS A CONSEQUE	Writt.					m	onths
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on.  t permit t permit t permit to ows only in the prior of the prior ows only in the prior of the prior o	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH (	PERATION WAS	PERFORME		AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	NGS USED OF DEATH?
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ENDING tal ar a OR: Afte or use as if Health.		22a I certify that (I) (this has saw the deceased alive	~ / ~	deceased from	10/0/	53. 19	83, to	3/2	date and hour		that (I) we ast
AL OR ATT the hospiral LU DIRECTO The Dept. of		obove, (/ (we) (did) (did	not) view the body a	fter death.	DEGREE MAN	ATTEN	NDING ME	DICAL ST	AFF ICIAN OF	22c DATE	
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BP		BURIAL, CREMATION, REMOV. (SPECIFY)  Burial	AL 23b. DATE	01	AME OF CEMETER	Y OR CREM	100	LOCATION CITY OR TOWN	1 8-11	COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director rarles S. Zeile	28 500 0		C 110	C	750. DATE REC	23 198	256. JEGISTE	PAR SISJENAT Davidson	Mandall

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d y deo	1. SE	Baby	IA RACE	5 DATE C	FRIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 24 HI
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24 hour tilled in acuted be		IAL RESIDENCE (IF NURSING HOME OF STATE 136 COULT	NOTHER INSTITUTION GIVE RESIDEN  NTY 13c. CITY C  Bal	CE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS / 937 W. Le	ZIP CODE mmon Street	2122
3/1	14. F.	ATHER'S NAME FIRST		AST	15 MOTHER'S MAIDEN N		LAS	
Pog med co		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 16b. SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE	SS	
res that the death certificate ned by the ottending physici please remove carbon pape ourial, cremation, or removal.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COM (b) Pre V  DUE TO, OR AS A COM (c)	viable new	uborn	MINAL DISEASE OR CON	DITION GIVEN IN PART 11	0
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DING PHYSi or ottending After this c e os the bur olth and Me marked or th	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
OR ATTENIOR ADDITION OF ATTENIOR OF USECTOR. Dept of her US Dept of Hern 21 is		22a.1 certify that (I)' (this hasp saw the deceased glive or abave, (I) (we) (did) (did no 22b. SIGNATURE	n 3/22 at) view the bady after death	19 84 , ar	d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN		ate and hour and fram the	
TO HOSPITAL TO FUNERAL should be deter with the Store		22d. PHYSICIAN'S NAME TIPPE OF			27e ADDRESS Universi	1 0 1		.Greene Timore H
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	3/29/84	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 F	UNERAL DIRECTOR  Anatomy Bo	Al	Balto.	, Md. A	TE REC'D. BY REGISTRAR R 2 1984	ina Daydson-N	inde 82

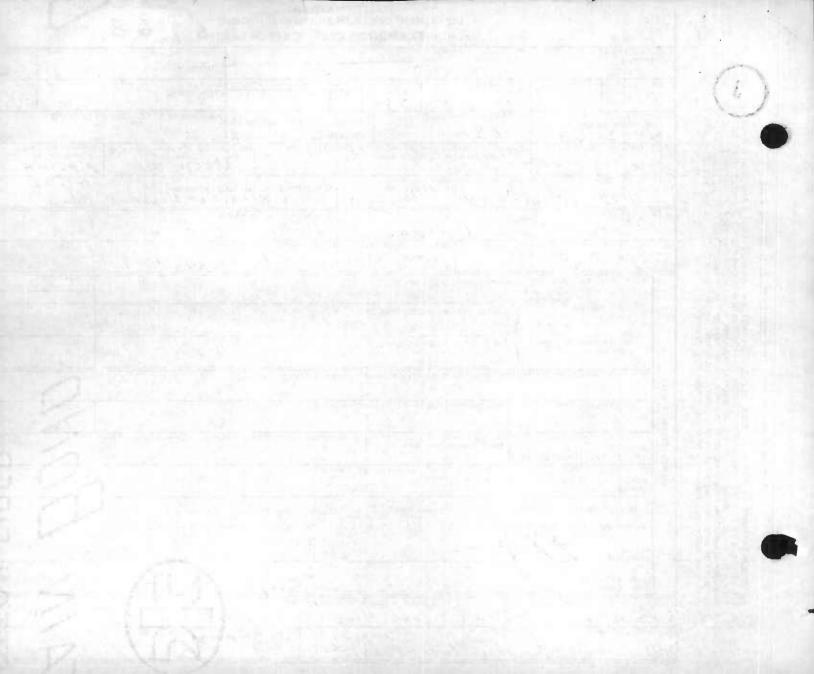


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-CURLEY 1984 HARRY FRANCIS DEATH MATED 2d HOUR LO:02 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1984 DEAD Apr. 8,1919
76 CITIZEN OF WHAT COUNTRY? 64 YRS a M White 9. BALTIMORE CITY OR COUNTY OF DEATH IRTHPLACE (STATE OF MARRIED NEVER MARRIED X WIDOWED [ DIVORCED Baltimore City IISA Marvland 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS D. CITY OR TOWN OF DEATH FOR MOST OF WORKING LIFE) Superintendant Shipyard 1227 Ramblewood Rd. Baltimore JAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS In STATE Maryland Baltimore 1227 Ramblewood Rd. -2123 YES XX NO M FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Harry Francis Curley. Sr. Mary Ida Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6603 English Oak Rd. 166. SOCIAL SECURITY NO WW II Elizabeth Roche Baltimore, Md. 21234 219-05-0774 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21s. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21d INJURY OCCURRED 2 le PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OF TOWN COLINTY WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held on death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3-11-84 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS111 Penn St., Balto., Md. 21201 TYPE OR PRINT) 23d LOCATION 23d BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Mar. 14,1984 Dulaney Valley Mem. Timonium, Balto., Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 6500 York Rd. **DHMH - 17** Julia Davidson-Randelle Matrihell -Wiedefeld Home. Inc. Balto., Md. 21212 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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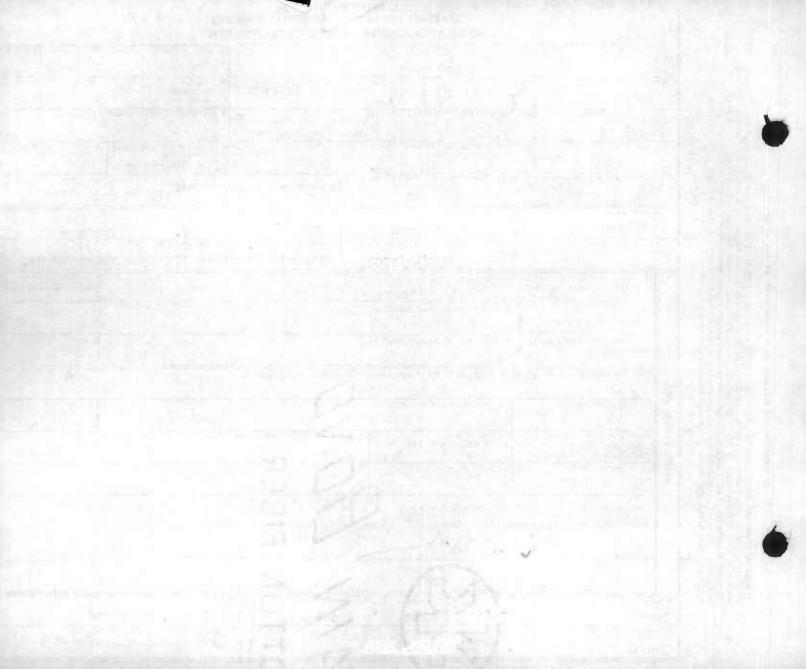
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AMINER: 1 RTHICATE, 0 BE FORM RECTOR, P ITH THE ST RYLAND, 2		220 I certify th death resulted f		of the remains des	cribed above, held on Accident,	Autop Suicide	, Homicide		Inquiry .	and in my o	pinion	
MEDICAL EXAMI CIET THE CRETE FLAT SHOULD BE FUNRAL DIRECT ER CEATH WITH		ACTUAL SIGNATURE	XB	D	<u> </u>	M	TITLE (SPEC		DICAL EXAMINER	DATE	ED 3/30/8	4
023063	22. 0	EXAMINER'S NAME (TYPE OR PRINT)	Greg		auffman, M					to., M	d. 21201	
BP6/4	<u>C</u>	RIAL, CREMATION PECIFY)  EM 777  JNERAL DIRECTOR	2 N 3	3-51-84	231 HAME OF C	HIL	CREMATORY CREA	Cfi	OCATION YOR TOWN Y Z NND	PG	Buty M	D.
DHMH - 17 (VR A15 ME (5))	Try	HAME T	ISRAL (	ADDRESS ADDRESS	Ann APO	213	MD	MAR3 (		REGISTRAR'S		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENED - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIODLE 1. DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) ESTI-WILLIAM CURRAN DEATH MATED 19 84 Leo 14 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR YEAR LAST BIRTHOAY) PRONOUNCED Male White 14 69 YRS DEAD 10 84 110am 70 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S. Marvland Baltimore City WIDOWED ... DIVORCED 2, AND 3 TO THE FUL 3, RETAIN PAGE 51 SHOULD BE FILED AL PECORDS, 201 W ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 1213 N. Calvert St. Machine Operator Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION) 13b. COUNTY Balto. 13d. INSIDE CITY LIMITS? 1213 N. Calvert St. 21202 Md. YES X NO [] JUCAL EXAMINER ALONG WITH FORM PM.
A BURIAL-TRANSIT PERMIT, PAGES I AND R.
I'H AND MENIAL HYGIENE, DIVISION OF VITAL
MATION, OR REMOVAL. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME DEATH GES M P/M MIDDLE MIDDLE LAST Curran Ida 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LauderdatoressFla 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) Patricia Etzwiler 1721 Southwest 32 Ct. Unkn. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) APPROXIMATE INTERVAL 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAPLED LE THE CHIEF A DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALLMORE. MARYLAND, 21201 PROR TO BURAL, CREMATION, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 71f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry Natural causes X death resulted from: Assident Suicide Homicide Undetermined manner TITLE (SPECIFY) DATE 4-3-84 Assistant SIGNATURE \_MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS 230.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) STATE Most Holy Redeemer Baltimore. Maryland Burial BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY E. J. HAM 135. REGISTRAR'S SIGNATURE the Devidson-Randell **DHMH - 17** Leonard J. Ruck Inc. Baltimore, Md. (VR A15 ME (5))

5/1/84 mtb F#59°

20M 4/B2



James S. Kirkley, Glen Burnie, Md.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

26 HOUR

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

YES

COUNTY

22c. DATE SIGNED

IF UNDER I YEAR

MONTHS DAYS

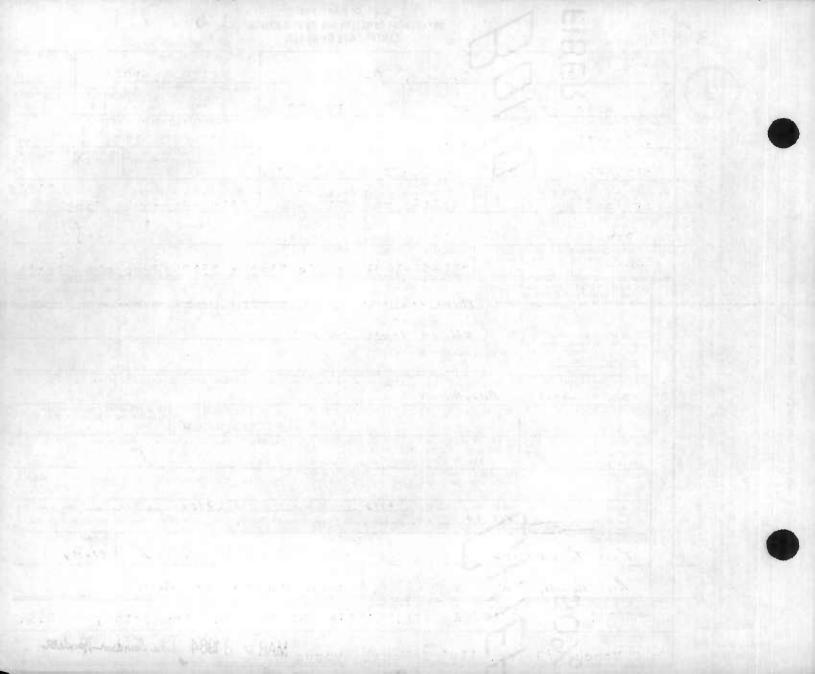
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR				CERTIF	ICATE OF D	ÉATH		REG. N	Ю.				
	CEASED NAME	FIRST	A	WIDDIE	L	AST		2a. DATE C	OF DEATH	MONTH	DAY	YEAR	26 HOU	JR
		SARAI	I	L	DA	LLAS		M	ARCH	6, 1	1984			М
3. SE>	(		4. RACE		5 DATE C		YEAR	6. AGE (IN	N YEARS LAST BE	RTHDAY)	MONTHS	DAYS	IF UNDER	R 24 HRS
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I) CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		R OTHER INST	TUTION		L OCCUPAT			KIND O	FBUSINE	ESS OR
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	sow the decease above, (1) (we) (c	ed olive on did did no	Feb. 8		, 01	nd that in (my)	(our) opinion d	leath occur	red on the d	late and ha	our and fr	om the	causes st	oted
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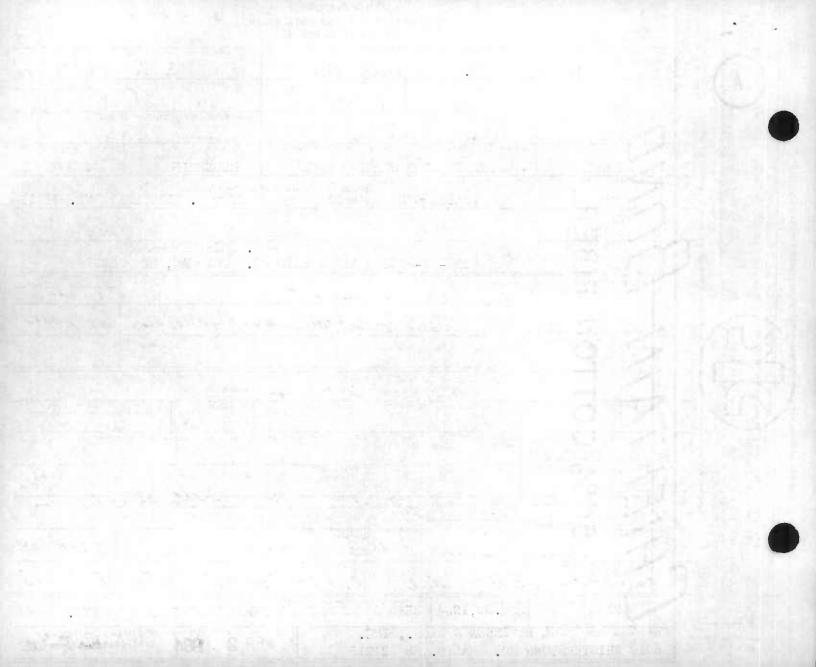
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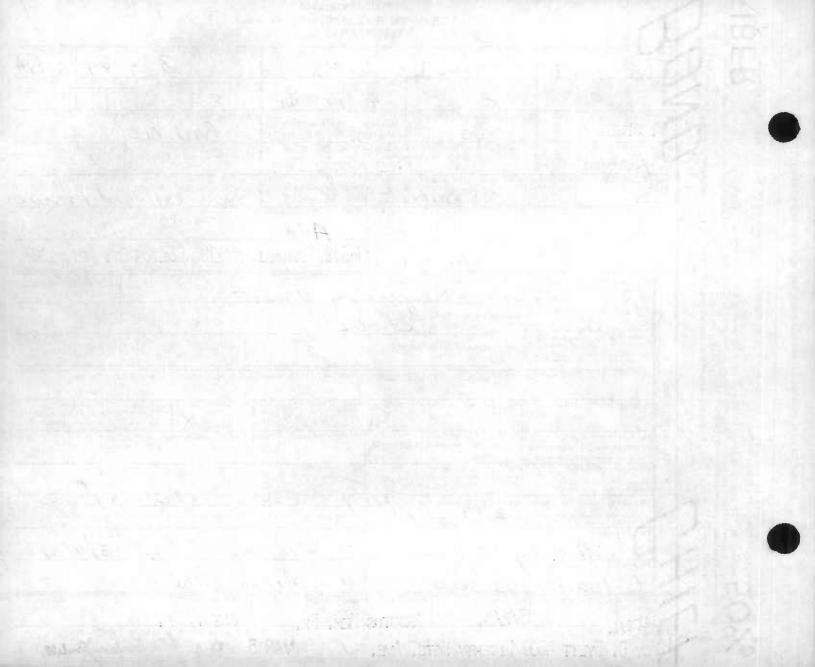
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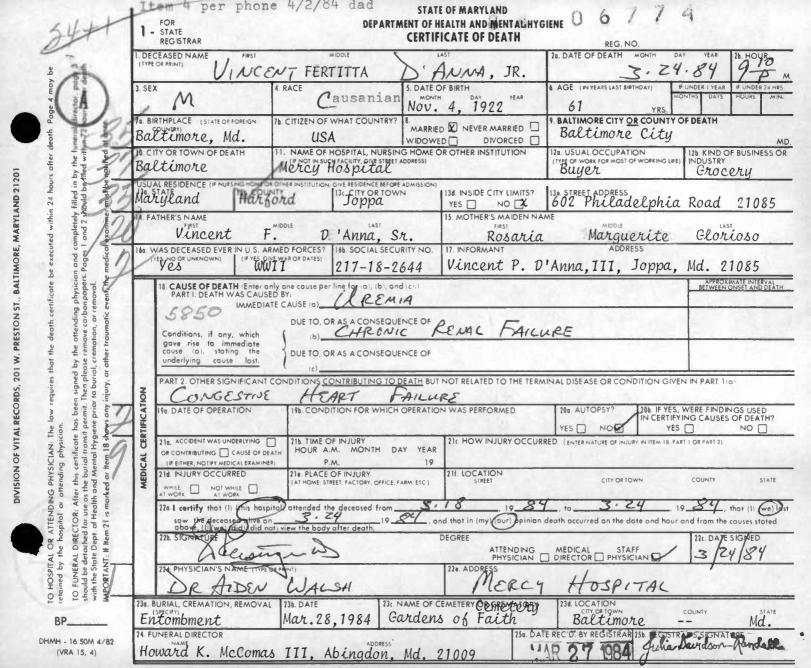


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STATE OF MARYLAND







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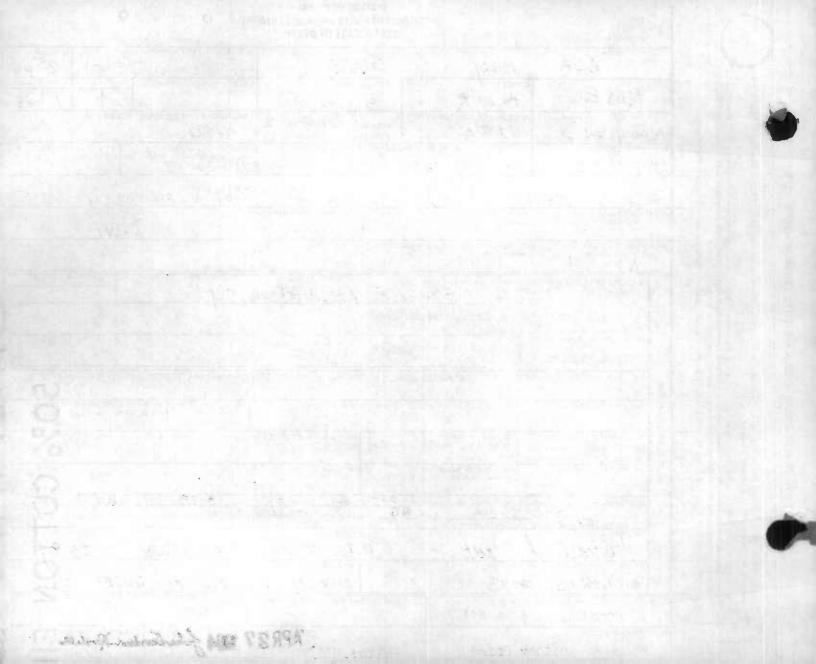
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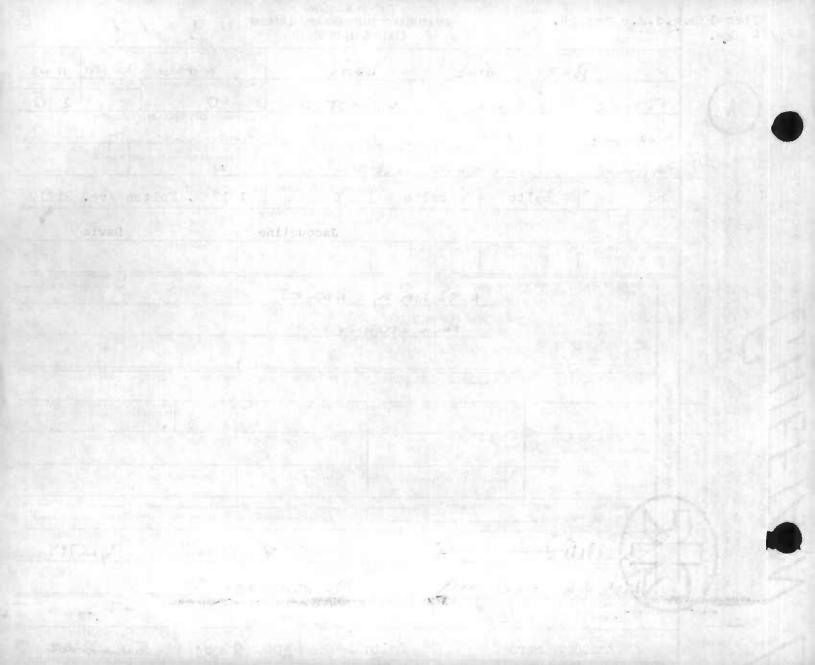
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nerol dir		RTHPLACE (STATE OR FOREIGN 76 COUNTRY)  ARYLAND	CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED A	9. BALTIMORE CITY OR	COUNTY OF DEATH  MD.
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(VRA 15, 4)



requires that the death certificate be executed within 22 hours often the death. Page 4 may be an upped by the attending physical page 3.  Then please remove cortection page 1.  Then please remove cortection of 2 should be filed within 72 hours ofter death of 2 should be filed within 72 hours ofter death of 1.  In 190.  In 19	BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  BATO. MO.  CITY OR TOWN OF DEATH  SUAL RESIDENCE (IF NURSING HOME OR O')  IN STATE  JOSEPH  WAS DECEASED EVER IN U.S. ARM  (YES, NO OR UNKNOWN)  IIS CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED  IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	MIDDLE  RACE  WALTE  B. CITIZEN OF WHAT COUNTRY?  U.S. A  1. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY GIVE STREET  Y  13c. CITY OR TOW  DACTIME  HOCH TELL  LAST  HOCH TELL  LAST  HOCH TELL  AND TOWN  AND THE STREET  AND	MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NO NOTHER INSTITUTED NOTHER INSTITUTED NO N	REG. NO.  20. DATE OF DEATH MOI  3  6. AGE (IN YEARS LAST BIRTHDA  10. STREET ADDRESS / ZI  130. STREET ADDRESS / ZI  140. DEN NAME  MIDDLE  ADDRESS	F UNDER LYEAR FUNDER 24 HIS  YRS.  OUNTY OF DEATH  TORKING LIFE)  DRKING LIFE)  P CODE
requires that the death certificate be executed within 24 hours after death. Page 4 may be an upper 3 may be an upper 3 may be a may be an upper 3 may be secured by the attending physical principle. They people secure content of the page 3 may be secured cremation, or removal.  In any, or other traumotic event, the content of the page 3 man be content.  In any or other traumotic event, the content of the page 3 man be content.	DECEASED NAME FRST  FROM ALS  BIRTHPLACE (STATE OR FOREIGN TO TOWN OF DEATH  COUNTY OF TOWN OF DEATH  CITY OR TOWN OF DEATH  SUAL RESIDENCE (IF NURSING HOME OR OF DEATH  FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	RACE WLITE  B. CITIZEN OF WHAT COUNTRY?  U.S. A  1. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY GIVE STREET  TOOL L. DECO  THER INSTITUTION, GIVE RESIDENCE BEFORI  POLICE  HOCHTEIR  ED FORCES?  I6b SOCIAL SECUL  AAST  ANA OR DATES  One couse per line for (a), (b), on  BY:  CAUSE (a)  DUE TO, OR AS A CONSEQUI	S. DATE OF BIRTH  MONTH DAY  S. DATE OF BIRTH  MONTH DAY  YE  MARRIED NEVER MARRIED  DIVORCE  NO HOME OR OTHER INSTITUTE  LE ADMISSION  13d INSIDE CITY LIA  YES NO  15. MOTHER'S MAIR  FIRST  LITTY NO.  17. INFORMANT  TO JOSEPH D  MICHOLOGY  JOSEPH D  MICHOLOGY  MELANGER  MICHOLOGY  JENCE OF  MICHOLOGY  MICH	20. DATE OF DEATH MODE  3 6. AGE (IN YEARS LAST BIRTHDAY  5. AGE (IN YEARS LAST BIRTHDAY  6. AGE (IN YEARS LAST BIRTHDAY  7 8 9. BALTIMORE CITY OR CO  120. USUAL OCCUPATION  (IN YE OF WORK FOR MOST OF WO  TAVETN—OWNE  MITS?  130. STREET ADDRESS / ZI  190.1 DANK  MIDDLE  ADDRESS	FUNDER I YEAR IF UNDER 24 HIS YRS. OUNTY OF DEATH  E MAR UK CAUC M ORKING LIFE) IZB. KIND OF BUSINESS O INDUSTRY Tavern  I Huebschman  ene Dr. (21239)
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16 6 7	MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC.)  211 LOCATION STREET	CITY OR TO	VN COUNTY STATE
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DR. DR. Hea			ital) ittended the deceased from		on death accurred on the da	te and hour and from the causes stated
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The second	23a. 8	URIAL, CREMATION, REMOVAL	236. DATE 21	NAME OF CEMETERY OR CREMATOR		MORE COUNTY MARY PANK
BP	24. FL	INERAL DIRECTOR	171107	- (		
DHMH - 16 50M 4/83	-	NAME / Oh,	Cline FILARED	91- Klomo.	MAR 2.0 1984	SUNA DAMAGON AND ALLE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

E-LOVE SEV. CO. VALUE SERVICE . . . . . . THE RESIDENCE OF THE PROPERTY 311116 201-2-2-2 INTERIOR N.D. 201 WAST PRINCIPLY PARCING Company of Community Community of the co 1653 Edgen San Typiqual Laboration, 20. 2022 [

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201 W. PRESTON ST., BA es that the death certificate ned by the attending physic please temper cutbon paper uriol, cremation, ar removal v, or other traumatic event. It		Conditions, if any, gove rise to imm cause (a), stating underlying cause	which dedicate g the last.	DUE TO, O  DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)	Electron as a consequence of as a consequence of the consequence of th	OMEC ENCE OF ENCE OF	hanical fic Caon	sarg A	they	Discos		IMATÉ INTERVAL ONSET AND DÉAIH
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DIVISION OF VITAL  SING PHYSICIAN The  or offen and physician  e os the by old physician  offen on the by old physician  offen of the by old physician  offen on the by old physician  offen of the by old physician  off	CAL	21a, ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER, NOT IFY MEDIC 21d INJURY OCCURR WHILE NOT WHI AT WORK ALWOR	AUSE OF DEAT ALEXAMINER) ED	HOUR A P. 21e. PLACE	OF INJURY  .M. MONTH D  .M.  OF INJURY  REET, FACTORY, OFFICE, F	19	211 LOCATION STREET	CCURRED (	ENTER NATURE OF IN		COUNTY	STATE
ATTEND ospitol o eCTOR: A for use of head on a fee of Head		sow the decease abave, (I) (we) (d 22b. SIGNATUSE)	(this haspited	3/	26 19		2/ , 19 d that in (my) (our) op DEGREE	84_, toinian death	-	date and have		that (I) (we) last causes stated
O HOSPITAL OR etroined by the h TO FUNERAL DIR should be detoched with the Stote Dep		22d PHYSICIANIS NA	/	PPINT)	auteri	ive	ATTENDII PHYSICI. 22e ADDRESS		DICAL ST ECTOR PHYS	AFF ICIAN	3/2	:6/84
Of Office A	23a. BI	IRIAL CREMATION I			4007		EMETERY OR CREMAT	ORY I23	d LOCATION			

23c. NAME OF CEMETERY OR CREMATORY

Dorchester Mem.Pk

23b. DATE

3/28/84

COUNTY

Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 24 FUNERAL DIRECTOR

23d LOCATION
CITY OF TOWN
Cambridge Dor. REGISTRAR 25b. REGISTRAR'S SIGNATURE

THOMAS FUNERAL HOME

CAMBRIDGE MD.

DHMH - 16 50M 4/B3 (VRA 15, 4)

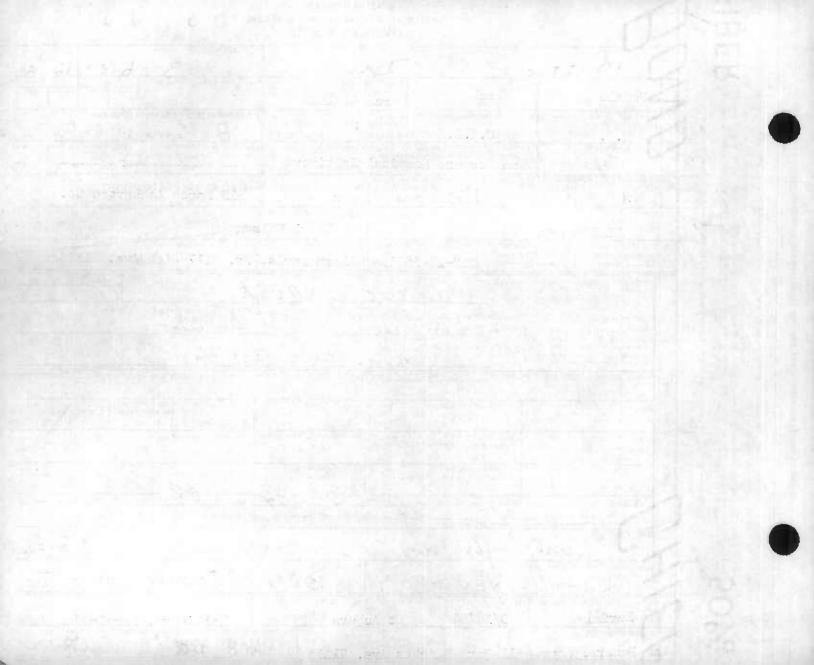
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5++	1-	FOR STATE REGISTRAR		DEPAR	MENT OF H	E OF MARYLANI EALTH AND ME ICATE OF DE	NTAL HYGI		, NO.	16782	
_		CEASED NAME FIRST	11000	MIDDLE		AST		20. DATE OF DEATH	HINOM	DAY YEAR	lb. HOUR
1		GEORG	E	0.	D	AVIS	10.00	MARCH	9,	1984	м
7)	3. SE		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
/ 1		Male	I	Black	3	10	08	7.5	YRS	MONTHS DATE	MIN.
10	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MA	DDIED [	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
27		w York	U.S	S.A.	WIDOWE		RCED	BALTIM	ORE C	ITY.	MD.
19		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS		OR OTHER INSTITU	NOITU	12a USUAL OCCUP			BUSINESS OR
10	91	BALTIMORE		OUANT		VENUE		(TYPE OF WORK FOR MO	151 OF WORKING	(IFE) INDUSTRY	1.44
21	USU	AL RESIDENCE (IF NURSING HOME COTATE	OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFO	ORE ADMISSION)						
5		ryland	INIT	Baltir		13d. INSIDE CITY YES 依 N	10 []	13e STREET ADDRES			1215
200	-	THER'S NAME			HOTE	15. MOTHER'S M	ternal .	AE		0 1110.2	1213
11	1	Alfred	WIDDIE	Davis		Tea	belle	WIDDI	E	Davi	c
7	lóa V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	_	17 INFORMANT			DRESS	Davi	3
	(	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	115-12-	-2837	Louise	Davi	is 2800	Ouant	ico Ave	n 11 0
	_		1			Louise	Davi	15 2000	Quant		ATE INTERVAL
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:		Mense	atron	ANA	1 at			WILLS
9		11300 IMMEDIA	ATE CAUSE (a)	Cauc	11	1	www	-71		ma	cuces
aroundary.		7280	DUE TO, O	OR AS A CONSEQ	UENCE OF	KIMI	r 4	Muse		n	with
		Canditians, it any, which gave rise to immediate	(b)_	0	0,100110		0			/	
other		cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQ	UENCE OF						
ō		PART 2. OTHER SIGNIFICANT	(c)	ON CHILDING TO	DE ATH BUT	NOT BELLIED TO	O THE YERM	NAL DISEASE OD C	O LIADITICAL C	D/FALMIDADI I.	
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS	ON KIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN PART 110	
1	ATIC	19a DATE OF OPERATION	19h CONE	OITION FOR WHIC	H OPERATIO	N WAS PERFORM	AFD	20a AUTOPSY?	20b. IF Y	ES, WERE FINDING	S USED
7	IFIC							YES IN NO	IN CERT	IFYING CAUSES O	NO [7]
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING (	21b. TIME (	OF INJURY		21E. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF	- 1		
9		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A		DAY YEAR						19
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		OF INJURY	19	211 LOCATION					
	ME	WHILE NOT WHILE		TREET, FACTORY, OFFICE	FARM, ETC )	STREET		CITY O	RIOWN	COUNTY	STATE
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		220.1 certify that (1) (this hosp saw the deceased alive a	1000		27.1		ur) opinion o	leath accurred on th	e date and b		at (1) (we) last
		obove, (I) (was and) (did n				DEGREE	o., opinion c	occorred on in	e dote und no		
-		226. SIGNATURE	hoon	no 6	2.00.	EALA ATT	ENDING	MEDICAL S	TAFF	22c DATE S	GNED
-		1	o you	111. 14	illy		YSICIAN [			3/13	184
/		224 PHYSICIAN'S NAME	OR PRINT)	MA			5.000	·n 1		1/017	-11 /
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		SEURIAL SECTION	3/13	3/84 G	arris	on Fore		A Owings			Mď.
B3		INERAL DIRECTOR		ADDRESS				REC'D. BY REGISTR			
	WI	C March F	/H Inc	. 1101	E Nor	th Ave.	MA	K13 1984	1 guna	Davidson-A	marie

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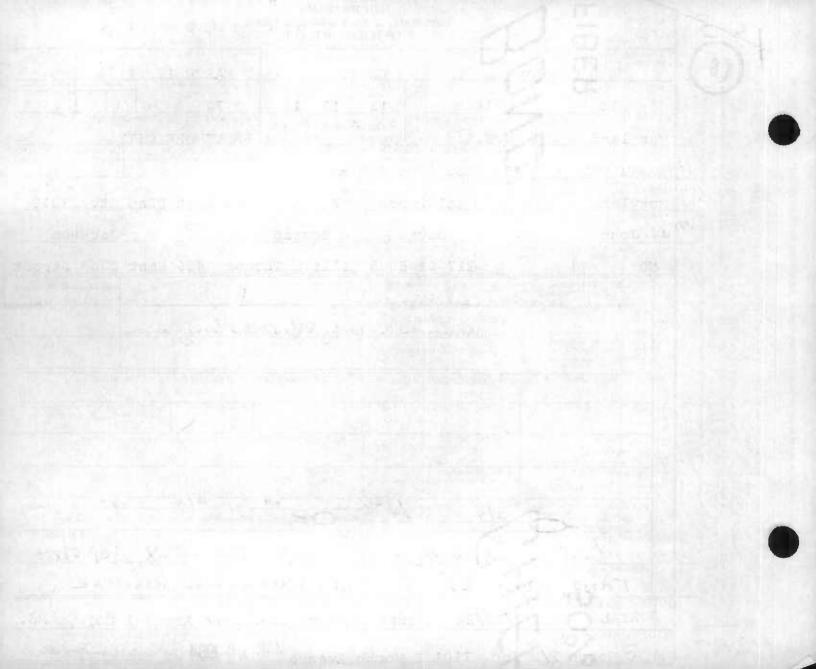
Julia Daydson Handall

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B3

(VRA 15, 4)

STATE OF MARYLAND



1101 E. North Ave

STATE OF MARYLAND

FOR

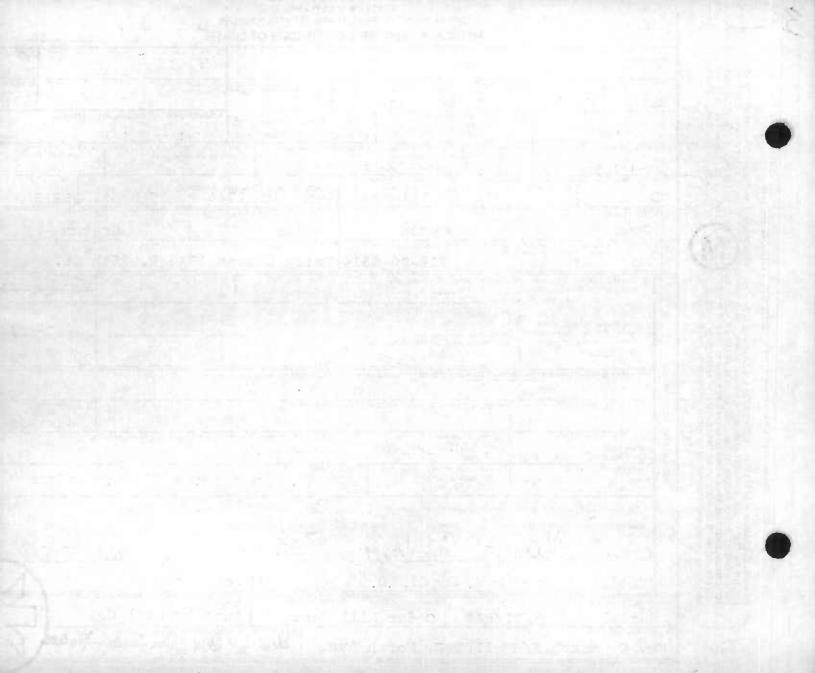
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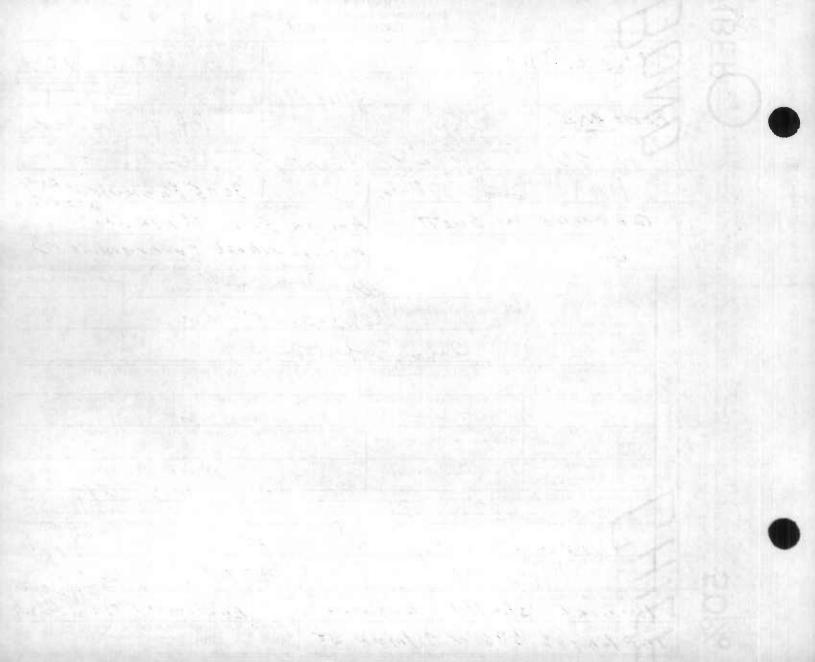
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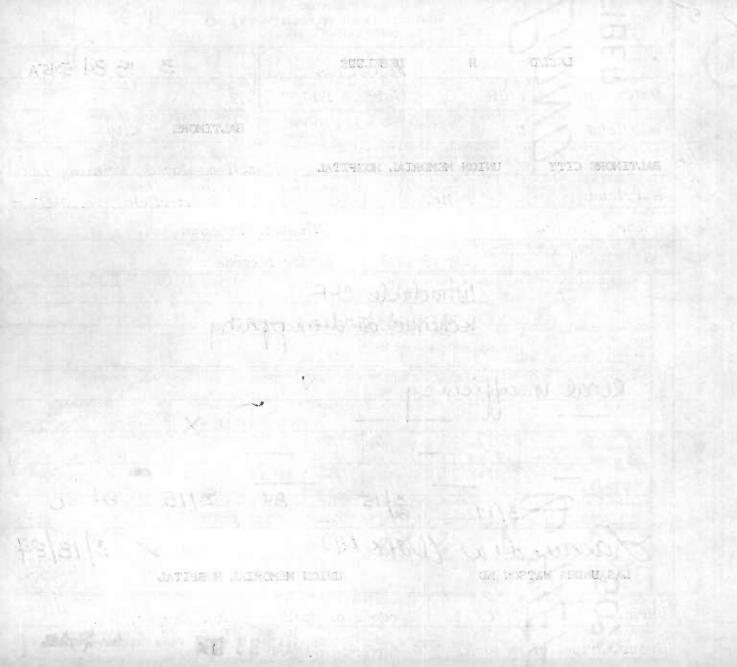
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		FOR	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE D 6	8 8
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y be leath	1. DE	CEASED NAME FIRST	A4	LAST	20. DATE OF DEATH MON	THE DAY YEAR 26 HOUR
	a. se	t- 1	& RACE B	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
125	2	arro M.	A CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	1223	T City Refmi
34	MO.C	BAUT UL	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY GIVE STREE	ADDRESS)	THE OF WORLD MOST AS WO	
1 1 25		STATE 12h COUR	TY DE CITY PLOY	13d. INSIDE CITY LIMITS?	130. STDEET ADDRESS / ZIE	a face a series
11 200	14. F/	GEONGE CERONGE	MODIEN Scott	15. MOTHER'S MAIDEN N	So, Wp.	SHUR
Page		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC	PURITY NO. 17. INFORMANT )	IIRODD CON	KNYSVIlle MD
physicio npapers moval.		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), or D BY: IE CAUSE (a)	preu	conoma (4)	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
eoth cer mending ve corbo on, or re umotic e		5990 Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE Deholesten	Indolme.	
by the o sse remo s, cremati		gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU			
signed hen plec to buriol	NO	PART 2 OTHER SIGNIFICANT (	141	DEMH BUT NOT RELATED TO THE TE	rminal disease or condition	ON GIVEN IN PART 1(g)
hos been permit. I see prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 201 IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
itySiCtan: The ding physicial is certificate burial-transit Mental Hygis or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	URRED (ENTER NATURE OF INJURY IN	
G PHYSIC er this cert s the burial and Menti	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE ALL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	211. LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN optal or grand TOR: Aft for use or of Health		22a. I certify that (I) (this hospi	tol) ottended the deceased fram.	7/12, 19 8	on death occurred an the date a	19, that (1) (we) last
AL OR ALL the hosp AL DIREC etoched te Dept. If Hem	2	77. SIGNATURE	it) view the bady after death.	DECREE ATTENDING PHYSICIAN		224. DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be deter with the State the Popularies of the State with the State with the State		224 PHYSICIAN'S NAME ATTHE	HALL DAM'S	22e ADDRESS	BAT MA PIL	e ec. Md
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	I. DEC	CEASED NAME FIR		MIDDLE	1	AST	2a. DATE OF DEATH	1-1	YEAR 2b. HOUR
		MA	RY	L.	1	SEDO.		3/27/	84 8=10 P
	3. SEX	F	4. RACE	W	5. DATE C		6 AGE (IN YEARS LAST B	IF UNDER MONTHS  YRS	DAYS HOURS MI
0/1		RTHPLACE (STATE OR FOREK	76 CITIZEN O	F WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH
× -		ouniry) /irginia	USA	Α	WIDOWE		Baltimor	e, Md	
43	it CI	ALTINONE	11. MAME O			GEN. HOSD.	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Housewif	TION 12b. F OF WORKING LIFE) INDU	KIND OF BUSINESS ( USTRY
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ned!	(1	NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	212-36	-0711	Charles A.	Dedo, Same	as 13	
		18 CAUSE OF DEATH (Er	oter poly pne couse p			4			APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
, , , , , , , , , , , , , , , , , , , ,		PART I. DEATH WAS C	AUSED BY:	Respiro		nd Parli	uc. apres	1	TWEET CHIEF AND DEAT
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other troumatic		Conditions if you be		OR AS A CONSEC	static	Broant	Carti	noma.	
tro		Conditions, if any, whi gove rise to immedia	ate )			100000			
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th	100	couse (a), stating ( underlying couse la	ost. DUE TO,	OR AS A CONSEC	DUENCE OF				
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lury, or othe	NC	underlying couse la	ost. (c)			NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN P	'ART I(o)
my injury, or othe	ATION	PART 2 OTHER SIGNIFIC	(c)	CONTRIBUTING T	O DEATH BUT		MINAL DISEASE OR CO	20s. IF YES, WERE	FINDINGS USED
ws any injury, or othe	IFICATION	underlying couse la	(c)	CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	78e AUTOPSYT	10s. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
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7	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFIC  IN. DATE OF OPERATION  II. ACCIDENT WAS UNDERLY  OR CONDRIBUTING [] CAUSE  THE ETHER HOTER MICHAEL  THE THERE MICHAEL  THE THE THERE MICHAEL  THE THERE MICHAEL  THE THERE MICHAEL  THE THE THERE MICHAEL  THE THE THERE MICHAEL  THE THERE MICHAEL  THE THERE MICHAEL  THE THE MICHAEL  THE THERE MICHAEL  THE T	ANT CONDITIONS  HIS CON  HIS CON  HIS CON  HIS CON  HIS PLACE  HIS	CONTRIBUTING TO LOTTION FOR WHI OF INJURY A.M. MONTH	O DEATH BUT ICH OPERATIO DAY YEAR	N WAS PERFORMED	18s AUTOPSYT	10s. IF YES, WERE IN CERTIFYING C. YES []	FINDINGS USED AUSES OF DEATH? NO
IGINEDO, Pleir, 18 shows drift injury, or other	720	PART 2 OTHER SIGNIFIC  19s. DATE OF OPERATION  11s. ACCERNIT WAS UNDERLY  10s CONSUMULING [] CAUSE  11st INJURY OCCURRED  AT WORL  AT WORL	ANT CONDITIONS  INCOMPANY  INCOMP	CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION T	DAY YEAR	N WAS PERFORMED  THE HOW INJURY OCCU	786 AUTOPSYT YES NO RED (INTER-NATURE OF HE	10s. IF YES, WERE IN CERTIFYING C. YES []	FINDINGS USED AUSES OF DEATH? NO  ART II
n 21 is marked of them 18 shows any injury, or other	720	Underlying couse to PART 2 OTHER SIGNIFIC  THE DATE OF OPERATION  THE ACCIDENT WAS UNDERLYING OF CONCERNING WORLD ALTHOUGH THE MOTER MOTER MOTER AT WORLD  THE BUJURY OCCURRED  WHAT ALTHOUGH THE MOTER MOTER AT WORLD  SOW the descripted of bloover, if then yielded.	ANT CONDITIONS  AND DESCRIPTIONS  AND DESCRIPTIO	CONTRIBUTING TO LOTTION FOR WHITE OF INJURY A.M. MONTH P.M. TE OF INJURY SHEET, FACTORS OFFE	DAY YEAR  19  CE, FARM, ETC.	2H LOCATION  LOC	THE AUTOPSYT  YES NO NO COYON !	100. IF YES, WERE IN CERTIFYING C YES 100. IN TEM. IS. PAST - GRA	FINDINGS USED AUSES OF DEATH? NO ART 31  HAT 31  that (I) the courses shaled
Mem 21 is manked as their 18 shaws any injury, or	720	Underlying couse to PART 2 OTHER SIGNIFIC  THE DATE OF OPERATION  TH	ANT CONDITIONS  AND DESCRIPTIONS  AND DESCRIPTIO	CONTRIBUTING TO LOTTION FOR WHITE OF INJURY A.M. MONTH P.M. TE OF INJURY SHEET, FACTORS OFFE	DAY YEAR  19  CE, FARM, ETC.	2H LOCATION  JOHN TO J	YES NO CHYCE!	10s. IF YES, WERE IN CERTIFYING C YES OF THE PROPERTY OF THE P	FINDINGS USED AUSES OF DEATH?  NO   ART II  that (I) week
T. If them 21 is manked by them, 18 shows any injury, or	720	Underlying couse to PART 2 OTHER SIGNIFIC  19. DATE OF OPERATION  11. ACCIDENT WAS UNDERLYI ON CONSTRUCTION OF CAUSE 10. INJURY OCCURRED  11. NJURY OCCURRED  12. NJURY OCCURRED  13. NJURY OCCURRED  14. NJURY OCCURRED  15. NJURY OCCURRED  16. NJURY OCCURRED  17. NJUR	ANT CONDITIONS  AND DESCRIPTIONS  AND DESCRIPTIO	CONTRIBUTING TO LOTTION FOR WHITE OF INJURY A.M. MONTH P.M. TE OF INJURY SHEET, FACTORS OFFE	DAY YEAR  19  CE, FARM, ETC.	21L HOW INJURY OCCUI 21L LOCATION JUNET  19 3d that in (my) (sur) opinion DEGREE  ATTENDING PHYSICIAN	YES NO CHYCE!	100. IF YES, WERE IN CERTIFYENG C YES OF THE PROPERTY OF THE P	FINDINGS USED AUSES OF DEATH? NO ART 31  HAT 31  that (I) the courses shaled
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MPORTANT. If them 21 is manhados, them, 18 shows any injury, or	WEDICAL 23e. B	Underlying couse to PART 2 OTHER SIGNIFIC  19s. DATE OF OPERATION  21s. ACCEPTED WAS UNDERLYING OF CONCERNED WAS UNDERLYING 15 ETHER HOTER HOTE AT 18  11 MURY OCCURRED  21 MORE 21 MO	ANT CONDITIONS  ITHE CON	CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION OF CONTRIBUTION O	DAY YEAR  19  CL. FARM. LTC.  3  CL. FARM. LTC.  32  CL. FARM. LTC.  33  CL. FARM. LTC.  34  35  CL. FARM. LTC.	2H LOCATION SHEET TO BE ATTENDING PHYSICIAN 22E ADDRESS	THE AUTOPSYT  YES NO   RRED (LINTE NATURE OF HE  CHYCK!  A death occurred on the  MEDICAL ST.  DIRECTOR PHYS  3/2  1334 LOCATION CITY OF TOWN	10s. IF YES, WERE IN CERTIFYING C YES OF THE PART OF T	FINDINGS USED AUSES OF DEATH? NO THAT IT IN

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Ruck Towson Funeral Home, Inc. Towson, Maryland

(VRA 15, 4)

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	L	STATE REGISTRAR CEASED NAME	FIRST		ME	DICAL I	EXAMIN	NER'S C	CERTIFI	CATE O	F DEATH	REG.		DAY YEAR	Zb. HOUF
ASE. CRS. EET,	(TYI	PE OR PRINT)	Leroy						Delan	ey	D	OF ESTI-	□ 3	2419 84	
RY, PLE DIRECTO DUR FIL 72 HOU	3. SE	LE 4	BLACK	5. DATE MONTH	OF BIRTH	YEAR 1922	6. AGE (IN YI LAST BIRTHO		HS DAYS	HOURS HOURS		DATE NOUNCED DE AD	монтн	24 19 84	11:1 a
HEISSARY, PLEASE UNITAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	7a B	RTHPLACE (STATE PREIGH COUNTRY)	INIA		EN OF WH	AT COUN	TRY?	8. MARR		EVER MARRI DIVORC	ED 🔲	ALTIMORE CITY Saltimor	_		AAI
ELAY IS N TO THE FU PAGE 5 BE FILED. V	10. C	TY OR TOWN OF Baltimo		II. NAM	AE OF HOS	ILITY, GIVE ST	RSING HOM (REET ADDRESS)			NOIT	LONGS	OCCUPATION (1 OF WORKING LIFE) HOREMAN	YPE OF WORK	OR INDUST	RY
NOW DO	13a. S	AL RESIDENCE (IF	136 COUN		STITUTION, GIV	13c CITY	BEFORE ADMISS OR TOWN		13d. INSIDE	CITY LIMITS?	13e STREET	ADDRESS 127	N. CUL		21229
EATH F. AND 2 SHOWS A SHOWN IN THE SHOWN IN	14. F	ATHER'S NAME GEÖRGE		MIDDLE			ANEY			ER'S MAIDE	NNAME	MIDDLE		EVANS	
BALTIMO GIVE PAG GIVE PAG GIV		WAS DECEASED E YES, NO, OR UNKNOWN NO					26 86		MR.		PH DEL	ANEY 235	SS	212 NLVER ST	
201 W. PRESTON ST., UJED WITHIN 24 HOUR IN PENCIL IN ITEM IB. EXAMINER ALONG W. RIAL TRANSIT PERMIT. D. MENTAL HYGIENE, D. ON, OR PEMOVAL.		402 Conditions, gave rise	H WAS CAUSEI  IMMEDIA  if any, which to immediate ating the under-	D BY:	(a) UE TO, OR	Hype as a con		OF	ardio	vascu:	lar dis	ease		APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
BE DECU NDING" I NEDICAL E AS A BURI ALTH AND NUTH AND	THON	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTI	NG TO OEATH I	UT NOT RELA	TED 10 THE TER	MINAL DISEAS	E OR CONDITIO	ON GIVEN IN PA	RT 1 (a).				
HTAL RESPONDED TO THE MENT OF HELD	CERTIFICAT	190. DATE OF O	PERATION	19	CONDIT	DITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY	? NO <b>X</b> )	
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE DISC RITINGS THE CHIEF MEDICAL, RE 15 MEDICAL, DE LUSED AS A BUT E DEPARTMENT OF HEALTH AND OF PRIOR TO BURBAL.		210. EXTERNAL OUNDERLYING CONTRIBUTING	OR	1	Ib. TIME OF HOUR A.M P.M.		DAY YEA	R 21c. Ho	OW INJURY	Y OCCURRE	D LENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PAR	RT 2)	
DIVISION WRITING ANDED ACCE J SHAME DEPONDED TO	MEDICAL	WHILE AT WORK	CURRED NOT WHILE [	7	STREET, FACT		(AT HOME,		STREET		CIT	OR TOWN	cou	YTH	STATE
O MEDICAL EXAMINER: TO XECUTE THE CERTIFICATE.  AGE 4 SHOULD BE FORW  AGE 6 SHOULD BE FORW  AGE 7 SHOULD BE FO	/	22a   certify that   took charge of the remains described above, held an Autopsy   , Inspection   , Inquiry   , and in my opin death resulted from: Natural causes										<sub>D</sub> 3/25	/84		
BP	1	BURTA  UNERAL DIRECTO	L	3/30	/84	100.00	ESTER	GROVI		M.	23d. LOCAT CITY OR TO AME REC'D. BY REG	LIA (AMI	COUN	VIRGIN	NIA
DHMH - 17 (VR A15 ME (5))		NAME	S T. GW	YNN	4517	PARK	HEIGH	HTS A	VENUE		2719	10 .	Jacydson	-Pandall	

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TO FUNERAL DIRECTOR After this certificate has been

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

					ICAIL OI DEATH	REG. NO.				
		EASED NAME FIRST OR PRINT)	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR		
	,	DOROTHY	L. D	ELANO		March 26, 1984	4	5:05 A,		
3	SEX		4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
/		emale	White	July	' 20, DA 1900 YEAR	83 YRS				
7		THPLACE (STATE OR FOREIGN QUINTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIE!	D NEVER MARRIED	9. BALTIMORE CITY OR COUN				
		Tabama	U.S.A.	WIDOWE	DIVORCED	Baltimore City				
1		Y OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE  Edgewood Nursi	ING HOME C T ADDRESS) LNG HOT	ne	(TYPE OF WORK FOR MOST OF WORKING Homemaker		OF BUSINESS OF		
Ш	13a. S	I RESIDENCE (IF NURSING HOME O TATE 136 COU ryland	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c CITY OR TOV Baltimo	WN !	13d. INSIDE CITY LIMITS? YES A NO	13e,STREET ADDRESS / ZIP CO 4100 N. Charle	es Stree	t, 2121		
1	4. FA	THER'S NAME FIRST George T.	Courson		Lula	K . MIDDLE	Baldauf	51		
1	14	AS DECEASED EVER IN U.S. AI ES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16 SOCIAL SEC 213 = 74 = 4		Mr. Frederic	S. Delano, Jr.	, same a	s #13e		
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU							
- 1										
1	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	1	0 / -	- 1	0 '		
	TIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		Tomunal	Messaconia 200 AUTOPSY? 200 IF	- 1	NGS USED		
	CAL CERTIFICATION		21b. TIME OF INJURY HOUR A.M. MONTH D		Terminal N WAS PERFORMED ,	Messaconia 200 AUTOPSY? 200 IF VINCER	5 class YES, WERE FINDING TIFYING CAUSES YES [	NGS USED OF DEATH?		
	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	H OPERATIO	Terminal N WAS PERFORMED ,	Messaconea 200. IF 1 200. IF 1 N CER	5 class YES, WERE FINDING TIFYING CAUSES YES [	NGS USED OF DEATH?		
		19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTBY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp sow the deceased olive or	216. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, witol) ottended the deceased from	DAY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURI	Macesal one a  20a AUTOPSY?  YES NO  RED (ENTER NATURE OF INJURY IN ITEM I	YES, WERE FINDING CAUSES YES  TIS PART I OR PART 2}  COUNTY  19  hour ond from the	NGS USED OF DEATH? NO  STATE		
		19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (WE STIMER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AL WORK 22a. I certify that (1) (this hasp sow the deceased alive o	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, bitol) ottended the deceosed from. DI) view the body ofter death.	DAY YEAR 19 , FARM, ETC.)	216 HOW INJURY OCCURION STREET  218 LOCATION STREET  219 32 19 32 and that in (my) (our) opinion  DEGREE  ATTENDING	Malesalonea  20e AUTOPSY?  10b IF IN CER  YES NO NET NOTE OF INJURY IN ITEM I	YES, WERE FINDING CAUSES YES  TIB PART I OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE that (I) (we) los couses stated SIGNED		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (WE ETHERE, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINE 22d. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did in 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, bitol) ottended the deceosed from. DI) view the body ofter death.	DAY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURION 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 21	AMELIAL ONLA  200 AUTOPSY?  200 IF IN CER  YES NO CITY OR TOWN  CITY OR TOWN  death occurred on the date and h	YES, WERF FIND IN THE PART 1 OR PART 2}  COUNTY THE PART 1 OR PART 2}  COUNTY THE PART 1 OR PART 2}	NGS USED OF DEATH? NO   STATE  that (I) (we) los couses stated  SIGNED		
	WEDICAL BEST	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  (IN CONTRIBUTING CAUSE OF DE  (IN CITHER, NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHITE NOT WHITE  AT WORK NOT WHITE  22a. I certify that (I) (this hasp  sow the deceased alive or above, (I) (we) (did) (did in  22b. SIGNATURE  Frederick  URIAL, CREMATION, REMOVA	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, bittol) ottended the deceosed from, ot) view the body ofter death.  25 Vollmer, M.D. 23b. DATE 23c.	DAY YEAR 19 FARM, ETC) NAME OF C	216 HOW INJURY OCCURION 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 219 LOCATION STREET 219 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 21	MEDICAL STAFF DIRECTOR PHYSICIAN  REd., Baltimore,	YES, WERFINDING CAUSES YES   IS PART I OR PART ?}  COUNTY  Abour and from the  27c. DATE  3 - 2  Marylan.	NGS USED SOF DEATH? NO   state  that (I) (we) lo couses stated  SIGNED		
7	MEDICAL MEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OR CONTRIBUTING AUSE OF DE WHILE AI WORK  22a. I certify that (I) (this hasp sow the deceased olive or obove, (1) (we) (did) (did in 22b. SIGNATURE  THE ALL ALL 22d. PHYSICIAN'S NAME (TYPE)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, bitol) ottended the deceosed from, by wiew the body offer deoth.  Jolland 2  Jolland 2  3-27-84	DAY YEAR 19 FARM, ETC) NAME OF C	216 HOW INJURY OCCURION 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 13 ATTENDING PHYSICIAN (a) 212e ADDRESS 6100 York 1 EMETERY OR CREMATORY iew Crematory	MEDICAL STAFF DIRECTOR PHYSICIAN BAltimore,  23d. LOCATION BALTIMORE, DECORATION BALTIMO	YES, WERFINDING CAUSES YES   TO THE PART I OR PART 2}  COUNTY  COUNTY  TO THE TOTAL AND THE TOTAL AN	NGS USED SOF DEATH? NO   STATE  that (I) (we) locauses stated  SIGNED  STATE		

DHMH - 16 50M 4/83 (VRA 15, 4)

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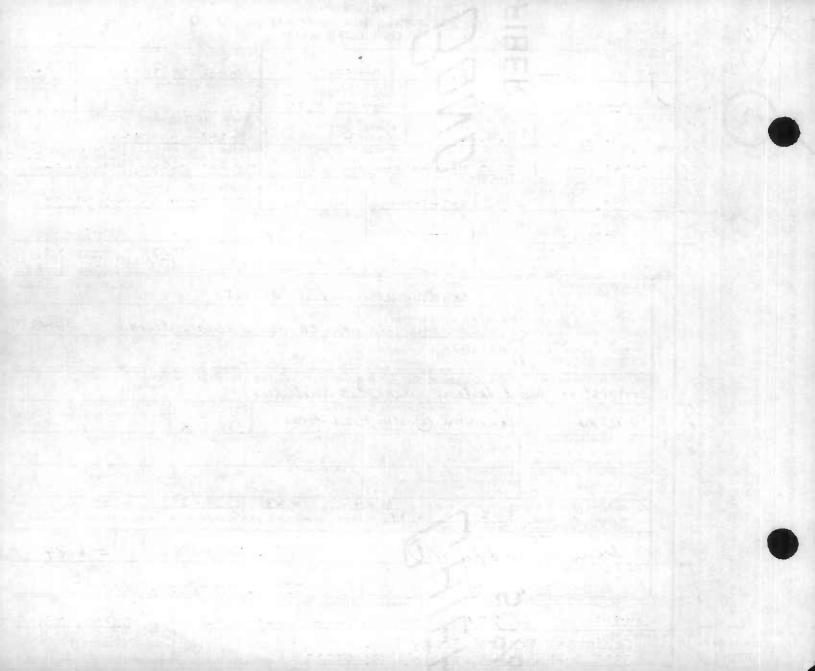
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND M		IENE U	6 REG. NO	1 9	) 4		
I. DECEASED NAME FIRST   TYPE OR PRINT)				N	MIDDLE	· ·	AST		2a. DATE OF		HINON	DAY YEAR	26 HOUR	
1	TYPE		ora		K.	De	emiduke		Marc	ch 15	109	8.4	9 A.	M
	3. SEX			ACE	***	5. DATE C	OF BIRTH		6. AGE JINY			IF UNDER TYEAR	IF UNDER 24	
8		Female	1318	Whi	+0	Mar		915		5.8	YRS.	MONTHS DAYS	HOURS	MIN.
d	7a. BIF	RTHPLACE   STATE OR FOR	EIGN 7b. (		WHAT COUNTRY?	8						Y OF DEATH		
	C	N.J.		U.S.	Δ	WIDOWE	D NEVER M	ORCED	D-14					440
60	10 CT	ITY OR TOWN OF DEATH	111.		OSPITAL, NURSIN	•			12a USUAL C	CCUPATION	e C	T2b, KIND C	F BUSINESS	MD.
7		Baltimore			H FACILITY, GIVE STREET		0110		9			T26. KIND C		
-	USUA	AL RESIDENCE LIF NURSING			Kenyon  GIVE RESIDENCE BEFORE		nue		School	or se	cty	. Educa	ation	_
9		STATE 1:	b. COUNTY		13c. CITY OR TOW	N	134 INSIDE CIT		13e.STREET A					
-	IA EA	Md.			Baltime	ore	YES TO THER'S	NO	3692	Keny	on	Ave. 2	1213	_
1	IN. FA	FIRST	MIDD	LE	LAST			IRST	VIE.	MIDDLE		LAS	ST	
$\omega$		Anton			Karpu			Mary		ADDRE	c c		tzuk	_
,		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED		16b. SOCIAL SECU		17. INFORMAN			/	833	Leyma	r Rd.	
		no		-	220-12	-5200	Chris	stine	Schul	Lze (	dgh	rr:	nBurn	ie
	rion	Canditions, if any, gave rise to immecause (a), stating underlying cause  PART 2 OTHER SIGNIF CON GUSTALIV.	diate the last.	DUE TO, OF  (b)  DUE TO, OF  Ic)  DITIONS CO	ilure, a	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEAS	e or cont	OITION G	IVEN IN PART 11		rs.
V	CERTIFICATION	19a. DATE OF OPERATIO	N	Carcinoma (R) Co			operation was performed don: Gall Stones			NO 🔀	IN CERT	ES, WERE FINDI IFYING CAUSES (ES		?
		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	JSE OF DEATH	21b. TIME O	FINJURY M. MONTH DAY YEAR 216 HOW INJURY O				CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2)					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE (				ON CITY OR FOWN COUNTY					STA	1E
		220.1 certify that (1) (the saw the deceased abave, (1) (we) (did 22b. SIGNATURE			nd that in (my) (	., 19 <u>83</u> aur) apinian d	, ta death accurre	3 - 2 d on the do	te and ha	19 89, jur and Iram the				
		aune	L. 0	Ledd	y mo		A1 P	HYSICIAN (2	MEDICAL DIRECTOR	STAF PHYSIC		3-16	-84	51
		224 PHYSICIAN'S NAM	Anne		,		ADDRESS		N. Bro	200	37 1	Room 2	1.4	
	23a B	BURIAL, CREMATION, RE				NAME OF C	EMETERY OR C		23d. LOCA		Y	NOOIII Z	T.4	
		Burial	OTAL /						CITY	ORTOWN		COUNTY	STA	
	24 FI	UNERAL DIRECTOR		3/17	/84   S	L. Ar	ndrews	Russi	an Or	thod	QX.	Balto STRAR'S SIGNAL Lavincon-V	Md.	_
	24.10	Schimun	ek Fu	neral	L Home,	Inc.		MA	R 16	1084	w.as	Lauruson-V	andell	K

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DHMH - 16 50M 4/B2

(VRA 15, 4)

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2e. DATE OF DEATH 26 HOUR TYPE OF PRINTS Su 1-30A-M & AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH BACTINO RE 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE own home 118 Apt. 4410 Oglethorpe St., 20781 Upright Robert G. Denell-son-(same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RESPIRATORY ARREST PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22r DATE SIGNED DIRECTOR PHYSICIAN (SPECIFY)Burial STATE 3-14-1984 Fort Lincoln Cemetery Brentwood Pr. Georges 24 FUNERAL DIRECTOR 11800 N.H. Ave.. Hines/Rinaldi Funeral Home Silver Spring, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

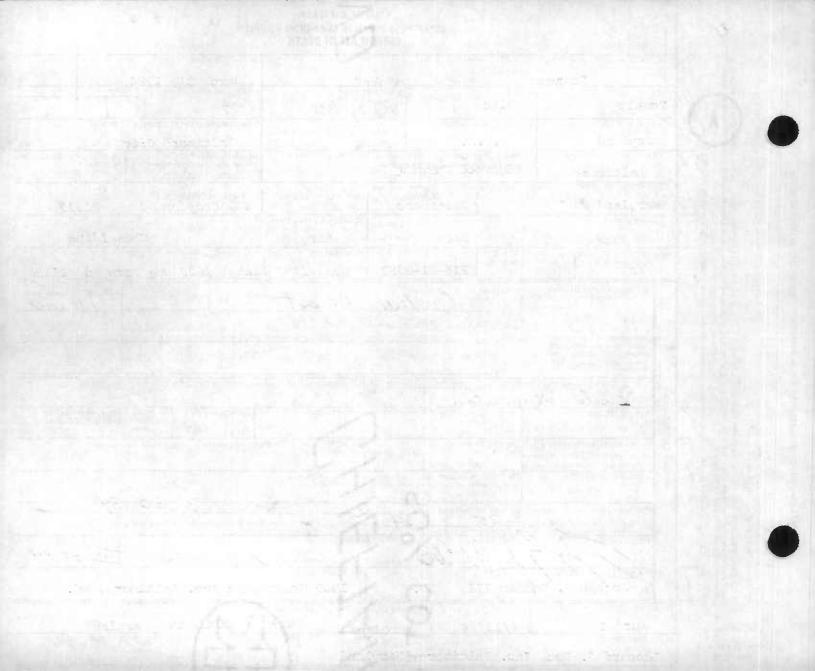
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

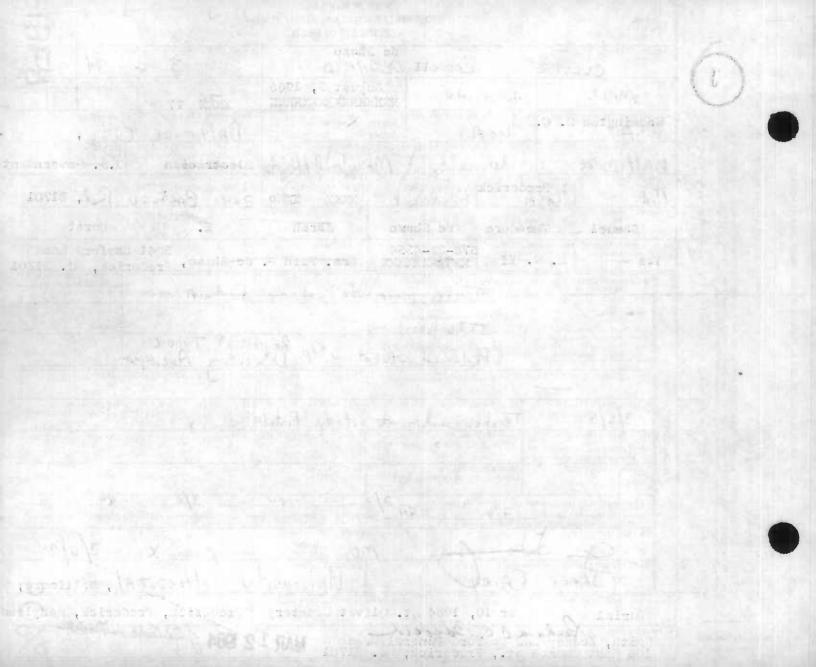
	1 -	FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE . REG. N	0		
		CEASED NAME FIRST		A T		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
	3. SE)	Franc	4. RACE	**	Pesch	OF BIRTH	March 31		IF UNDER 1 YEAR	IF UNDER 24 HRS
		emale	White		May	H DAY YEAR	87		ONIHS DAYS	HOURS MIN.
34		RTHPLACE (STATE OR FOREIGN COUNTRY)  Iaryland	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY C			MD
1	,	Baltimore	Edgewo	bod Nursin	ng Ho		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOME Mak	ION OF WORKING LIFE	126. KIND C	F BUSINESS OR
9		AL RESIDENCE (IF NURSING HOASTATE 136, C	AE OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Baltimor		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 409 Croyd	on Rđ	21	212
2	14 FA	THER'S NAME FIRST John	WIDDLE	Brown		15 MOTHER'S MAIDEN NA/	WIODIE		eseldi	ne
,		VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDR	ESS		
	,	No		215-01-0		Russell J I	Banky 1620	Hog F		21108 MATE INTERVAL ONSET AND DEATH
9	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost	R AS A CONSEQUENCE OF  PASS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE			INAL DISEASE OR CON  20a AUTOPSY?  YES NO	WERE FINDING CAUSES	NGS USED		
7	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.	M. MONTH DAY YEAR			RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	/8 PART I OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC }	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		226.1 certify that (I) (this has sow the deceased alivabove, (I) (we) (did) (d) 22.5 (Child)	and from the							
/		Joseph W.	1 11	II MD.		22e ADDRESS	MEDICAL STA	CIAN		
	{	BURIAL, CREMATION, REMO SPECIFY) Burial	VAL 236. DATE 4/13/			cemetery or crematory and Mem Park	23d LOCATION CITY OR TOWN Baltimo:			STATE
		INERAL DIRECTOR Leonard J. Rue	ck Inc. Ba	ADDRESS		25e DAT	E REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNAT	URE

DHMH - 16 50M 4/B2 (VRA 15, 4)

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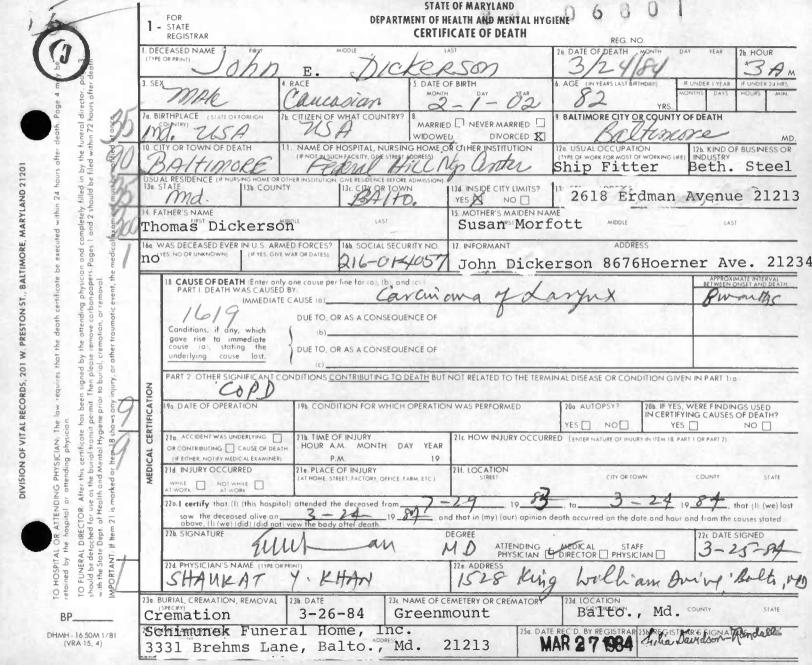
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO de Shazo 20. DATE OF DEATH 1. DECEASED NAME MONTH 76 HOUR LIVEE OR PRIMIT Moswell DESHAZO CULVUR 4 RACE IF UNDER I YEAR 3. SEX 5. DATE OF BURST, 3, 1906 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS CAUCASIAN YRS 9 BALTIMORE CITY OR COUNTY OF DEATH Washington D. C TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. Governmen Electrician JOUAL RESIDENCE LIF NURSING HOME DITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI merederick 13 CITY OF TOWN 13e.STREET ADDRESS / ZIP CODE 21701 NOTINO 14 FATHER'S NAME MIDDLE EMIDDLE Sarah Hurst de Shazo Theodore Samuel ADDRESS 3041 Basford Road 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) Mrs. Fern F. de Shazo, Frederick. DETACK NEW YORK APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Praches - INNOMINATE DUE TO, OR AS A CONSEQUENCE OF TREChesstom Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON NO F ntol Hygu 21a. ACCIDENT WAS UNDERLYING 216 HOW NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART ?) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from. sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 226 SEGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL Should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. THE PHYSICIAN'S NAME (THE DEPRING 22e ADDRESS NIJERSI 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE Frederick, Frederick, Maryland 1984 Mt. Olivet Cemetery Mar 10, Marth, Keeney and Basiord Au DHMH - 16 50M 4/83 Ameral Home (VRA 15, 4) 106 East Church St., Frederick, Md. 21701

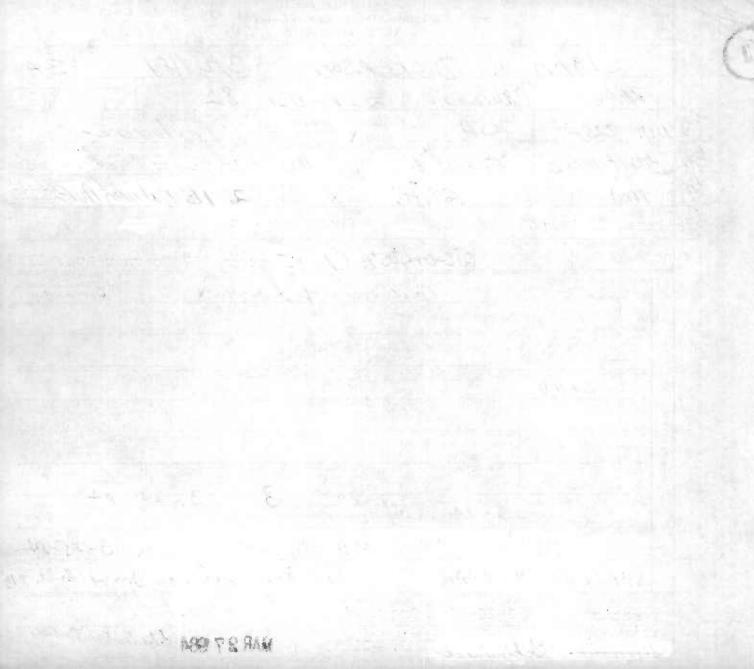


TO DECEASED NAME	DEP		FOR STATE REGISTRAR	DEP ARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH		199	
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Female   White   Oct. 6, 1909   74   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785   785	1.1.	1) •		DUTU DAY	A 0F	I see of beam		4 11.25
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SA   STATE					ct. 6, 1909			
MD USA    BELTITION   COMMISSION   IN ADDRESS   IN ADDRES	WHAT COUNT			OF WHAT COUNTRY?	ARRIED NEVER MARRIED	9. BALTIMORE CITY	Y OR COUNTY OF DEATH	1
Baltimore  Good Samanitan Hospital  Cosmetologist B  Signature of Samanitan Hospital  Signature of Samanitan Hospital  Signature of Samanitan Hospital  Signature of Samanitan Hospital  Cosmetologist B  Signature of Samanitan Hospital  Signatur	SA	MD	MD				ore City	
Baltimore Good Samaritan Hospital Cosmetologist E  USUAL RESIDENCE (PAULING HOME OF DITER PROJUCION COM RESOURCE STORM AND SOON)  IS STREET ADDRESS / ZIP CODE 3640 Old York RC  MODIL  Luther C. Davidson  Is MOTHERS NAME  MODIL  Luther C. Davidson  Is MOTHERS NAME  MODIL  Luther C. Davidson  Is WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY IN.  PLO 28 5 152 Glenn A. DeVage, Balto., I  RATHERS NAME  IS ADDRESS  (YES, DO SMORTOWN)  IF YES, OR WAS DECEASED EVER IN U.S. ARMED FORCES? NO  IS MOTHERS NAME  MODIL  Luther C. Davidson  If YES, OR WAS DECEASED EVER IN U.S. ARMED FORCES? NO  IS MOTHERS NAME  MODIL  Luther C. Davidson  IF YES, OR WAS DECEASED EVER IN U.S. ARMED FORCES? NO  IS MOTHERS NAME  MODIL  Luther C. Davidson  IF YES, OR WAS DECEASED EVER IN U.S. ARMED FORCES? NO  IF YES, OR WAS DECEASED EVER IN U.S. ARMED FORCES? NO  DAVIDSON  IF YES, OR WAS DECEASED EVER IN U.S. ARMED FORCES? NO  DUE TO, OR AS A CONSEQUENCE OF  CONSTITUTION SECURITY IN O.  DUE TO, OR AS A CONSEQUENCE OF  COUSE ID., Stating the underlying couse lost.  If YES DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS A CONSEQUENCE OF  LOST DAVIDSON  DUE TO, OR AS		TOWN OF DEATH	CITY OR TOWN					D OF BUSINESS
USUAL RESIDENCE (IP PUBLISHED FONCE OF PARTITUDION CONTREMENTAL DISCONTY LIMITS?  138. STATE  MD  138. STATE  Balto.  138. INSIDE CITY LIMITS?  138. STATE  138. STATE  MD  14. FATHER'S NAME  (RS)  15. MOTHER'S NAME  (RS)  15. MOTHER'S NAME  (RS)  15. MOTHER'S NAME  (RS)  16. MODIE  LAST  LUTHOP  C. DAVIGSON  16. FATHER'S NAME  (RS)  16. MODIE  LAST  LUTHOP  C. DAVIGSON  17. INFORMANT  ADDRESS  Glenn A. De Vage, Balto., IN  PART 1. DEATH Enter only one couse per line for 101, lb1, and ic  PART 1. DEATH MAS CAUSED BY  TO SUMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  CONSTITUTION  (b)  DUE TO, OR AS A CONSEQUENCE OF  CONSTITUTION  TO SUMMEDIATE CAUSE (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PROPERTY OF THE PROPE		altimore	Baltin					
MD  Balto.  WES IN NO GREAT NAME INSTITUTE OF NAME INSTITUTE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF AN ADDRESS  OR OF STATE O	GIVE RESIDENCE B	IDENCE (IF NURSING HOME OR C	UAL RESIDENCE	TION, GIVE RESIDENCE BEFORE ADMIS	SION)			,
1. FATHER'S NAME   IAST   Luther   C. Davidson   Blanche		1				3640 OL	d York Pd	21218
THE CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)	Dai			_ Daito.			d TOTA ING.	, 21210
18 WAS DECEASED EVER IN U.S. ARMED FORCES?   186. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   186. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   18 INFORMANT   ADDRESS   ADDRE		FIRST M	FIRST			WIDDIE		LAST
The conditions if only, which gove rise to immediate couse for immediate couse in immed					LO VI DISORMANIA			Rupp
18. CAUSE OF DEATH lEnter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate couse loss.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate couse loss.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate couse loss.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate couse loss.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate couse loss.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate couse loss.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF GAS A DEATH GOVERNOR OF CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  20s. AUTOPSY?  21s. INCENTIFYING CONTRIBUTION OF CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21s. ACCIDENT WAS UNDERTYING CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21s. ACCIDENT WAS UNDERTYING CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21s. NOT WHILE CONTRIBUTION CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21s. HACE OF INJURY  21st. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR ADDRESS)  21st. NOT WHILE CONTRIBUTION OF CONTRI		OR UNKNOWN) [IF YES, GIVE	(YES, NO OR UNKNOW	(5)				
PART I. DEATH WAS CAUSED BY:    DUE TO, OR AS A CONSEQUENCE OF	216 28	)	No	216 28 515	2   Glenn A.	De Vage,		
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse iot, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  C. F. BLACKLING GOVERNMENT OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  C. F. BLACKLING GOVERNMENT OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  C. F. BLACKLING GOVERNMENT OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  C. F. BLACKLING GOVERNMENT OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  C. F. BLACKLING GOVERNMENT OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  C. F. BLACKLING GOVERNMENT OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  C. F. BLACKLING GOVERNMENT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  C. F. BLACKLING GOVERNMENT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  C. F. BLACKLING GOVERNMENT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  C. F. BLACKLING GOVERNMENT OF CONTRIBUTION OF CONTR	line for (a), (b	USE OF DEATH (Enter only	18 CAUSE OF	per line for (a), (b), and (c).)			APP BETW	PROXIMATE INTERVAL FEN ONSET AND DE
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. IN JURY OCCURED  (AT HOME. STREET, FACTORY OFFICE, FARM. ETC.)  21l. LOCATION  STREET  CITY OR TOWN  COL  WHILE  A WORK  22d. I certify that (I) (this hospital) attended the deceased from 3 - 2 - 19 8 4. and that in (my) (our) apinion death accurred on the date and hour and from the same of the	ONTRIBUTING	e rise to immediate e (a), stating the erlying cause last.	gove rise to couse (a), underlying	D, OR AS A CONSEQUENCE  S CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	plened NDINGS USED
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  211 LOCATION  STREET  212 LOCATION  STREET  CITY OR TOWN  COL  WHILE  AT WORK  AT WORK  226.1 certify that (1) (this hospital) attended the deceased from  Sow the deceased alive on 3-2-5-19  Sow the deceased olive on 3-2-5-19  Sow the dece	F INJURY		21a. ACCIDENT V	AE OF INJURY	216 HOW INJURY OCCU	IRRED (ENTER NATURE OF	INJURY IN ITEM 18 PART I OR PART	2)
WHILE NOT WHILE ALWORK ALWORK ALWORK INTEREST, FACTORY, OFFICE, FARM, ETC.)  120. I certify that (I) (this hospital) attended the deceased from 2 - 9 - 19 8 + 10 3 - 25 - 19 8 sow the deceased alive on 3 - 2 - 19 8 + 0 ond that in (my) (our) apinion death accurred on the date and hour and from the date and hour and from 127b. SIGNATURE  120. SIGNATURE  121. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN			OR CONTRIBUTION					
276. I certify that (I) (this haspital) attended the deceased from 2-9-19-84, to 3-25-19-85 as we the deceased alive an 3-25-19-19-19-19-19-19-19-19-19-19-19-19-19-			21d. INJURY O		211 LOCATION	CITY OF	R TOWN COUNTY	r STAT
276. I certify that (I) (this hospital) attended the deceased from 2-9-, 19-84, to 3-2.5-, 19-85, sow the deceased alive on 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from a sow the deceased alive on 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from a sow the deceased alive on 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and that in (my) (our) apinion death accurred on the date and hour and from 3-2.5-, 19-84, and 1	IEET, FACTORY OF		AALAILE	E STREET, FACTORY OFFICE, FARM E	C) SINCE	-		3141
sow the deceased alive an 3-2-19 84, and that in (my) (our) apinion death occurred on the date and hour and from a sow the deceased alive an 3-2-19 84, and that in (my) (our) apinion death occurred on the date and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow that the sow the deceased alive and hour and from a sow the deceased alive and hour and from a sow that the	e deceased fr	certify that (I) (this hospite	22a.l certify t	d the deceased from	2-9- 19 8	4 10 3.	- 25- 1985	∠, that (1) (we
276. SIGNATURE  276. SIGNATURE  276. SIGNATURE  276. SIGNATURE  276. PHYSICIAN   DIRECTOR   DIRECTOR   PHYSICIAN		ow the deceased alive on_	sow the c		ond that in (my) (our) apinio	n death accurred on the		
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR	ofter death.			ody offer death.	DEGREE		22c. D.	ATE SIGNED
27d PHYSICIAN'S NAME (IVE OF PRINT),  27d PHYSICIAN DIRECTOR DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR DIRECTOR PHYSICIAN D	lan	And	-	ilan 2	mo ATTENDING	MEDICAL S		-25-8
1238. BORIAL, CREMATION, REMOVAL 1238, DATE 1231. INAME OF CEMETERS OF CREMATORS 1238 COCATION		HYSICIAN'S NAME (TYPE OR	724 PHYSICIAL		. PHYSICIAN	☐ DIRECTOR ☐ PHY	SICIANIA	-3-0
1238. BURIAL, CREMATION, REMOVAL 1238. DATE 1231. INAME OF CEMETERT OR CREMATORY 1238 COCATION	R	Twic Ri	ANI	TR		Saman	Tan He	Spiky
Burial 3/29/84 Meadowridge Mem. Balto		, CREMATION, REMOVAL	BURIAL, CREMA	23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION		
	/84	urial	Buria	9/84 Mea	dowridge Men	n. Balto		MD. STATE
5 50M 4/83 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256 FOR STRAFT ST.	Jenkin			Jenkins &	Sons Co. 250.D	ATE REC'D. BY REGISTR	AR 256 REGISTRAR SSIGN	VATURAL

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low

	FOR	
-	STATE	
	REGISTRAR	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	6	3	U	4

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.
	CEASED NAME FIRST	WIDDLE	LAST	2a DATE OF DEATH	
(TYPE	OR PRINT) Arthur		Diggs Sr.	March 2	3. 1984 8:45A
3. SEX	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY] IF UNDER 1 YEAR IF UNDER 24 HI
M	Male	Black	7 <sup>NTH</sup> 15 <sup>NY</sup> 1 <sup>E</sup>		YRS. HOURS MI
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE		R COUNTY OF DEATH  Citu
Ba	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gener	NG HOME OR OTHER INSTITUTIO		ON 126 KIND OF BUSINESS
USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU	or other institution, give residence befor inty   13c. CITY OR TOW   Baltim	VN 13d. INSIDE CITY LIM	1600 14	Royal 21217
14 FA	ATHER'S NAME Milton	Diggs Diggs	15 MOTHER'S MAIDI Maude		Lee
	VAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (1F YES, G	RMED FORCES? 166. SOCIAL SECULIVE WAR OR DATES) 212-34-		Diggs 1600	
			COLLEGE OF A STATE OF THE STATE	- D-2 7 4 1	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, ORAS A CONSEQU	with metastase		DITION GIVEN IN PART 1(a)
NO	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, ORAS ACONSEOU (c) CONDITIONS CONTRIBUTING TO	with metastase	5	DITION GIVEN IN PART 1(a)
IFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, ORAS A CONSEQUATION (c)  CONDITIONS CONTRIBUTING TO MYOCARDI	ENCE OF METASTASE	E TERMINAL DISEASE OR CON	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
CERTIFIC	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO  Myocardi  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE ALL INFORMED HOPERATION WAS PERFORMED	5 E TERMINAL DISEASE OR CON	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO} \( \bigcap \)
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DIE (IF EITHER, NOTHEY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE OT WHILE AT WORK	CONDITIONS CONTRIBUTING TO  Myocardi  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE AL INFACTION TO PERATION WAS PERFORMED  TAY YEAR 19 211 LOCATION STREET	E TERMINAL DISEASE OR CON  200 AUTOPSY?  YES NOW  CCURRED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PRINTED NO STATE  WIND COUNTY STATE
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DILIF EITHER, NOTHY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE AT WORK 22a.1 certify that (X (this hospital))	CONDITIONS CONTRIBUTING TO  Myocardi  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE ALL INFORMATION WAS PERFORMED  10 YEAR 19 211 LOCATION STREET  MATCH 22 19	TERMINAL DISEASE OR CON  200 AUTOPSY?  YES NOW  CCURRED (ENTER NATURE OF INJU  CITY OR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY  COUNTY  STATE  23 19 84 that (K (we))
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	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI CHURCH CHURC	DUE TO, ORAS CONSEQUENCE  (c)  CONDITIONS CONTRIBUTING TO MYOCARDI  198. CONDITION FOR WHICH  218. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, DITO) oftended the deceosed from March 23 19  OR PRINT)	DEATH BUT NOT RELATED TO TH  al Infarction  H OPERATION WAS PERFORMED  DAY YEAR  19  211 LOCATION  STREET  March 22  19  DEGREE  ATTEND PHYSIC  22e ADDRESS	TERMINAL DISEASE OR CON  200 AUTOPSY?  YES NOW  CCURRED (ENTER NATURE OF INJU  CITY OR TO  B4 10 METCH  Dinion death occurred on the di	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY  VEN COUNTY  23 19 84 , that (*We)  24 Date and hour and fram the couses stated  27 DATE SIGNED  3/23/84
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DHMH - 16 50M 4/83 (VRA 15, 4)

I TUNEED DIRECTOR: After this certificate has been signed by the attending physician and could be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the section of Health and Mental Hygiene prior to burial, cremation, ar removal.

Wm, C. March F/H 1101 E. North Ave.

MARIECZ 97 MONDAR 256 REG DOWNSONS HOLE

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Salar Comment		

- STATE

L DECEASED NAME

REGISTRAR

J. Esther Dingess 536 Radnor Avenue PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE" 84\_, and that in (MX (our) apinian death accurred an the date and haur and tram the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE Md. 250 DATE REC'D. BY REGISTRAR 258 REGISTRAR SIGNATURA SIG 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Funerally ADDRESS 1101 E. North Am (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

DAY

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YEAR

84

IF UNDER 1 YEAR

INDUSTRY

2b. HOUR

126 KIND OF BUSINESS OR

4:42

IF UNDER 24 HRS

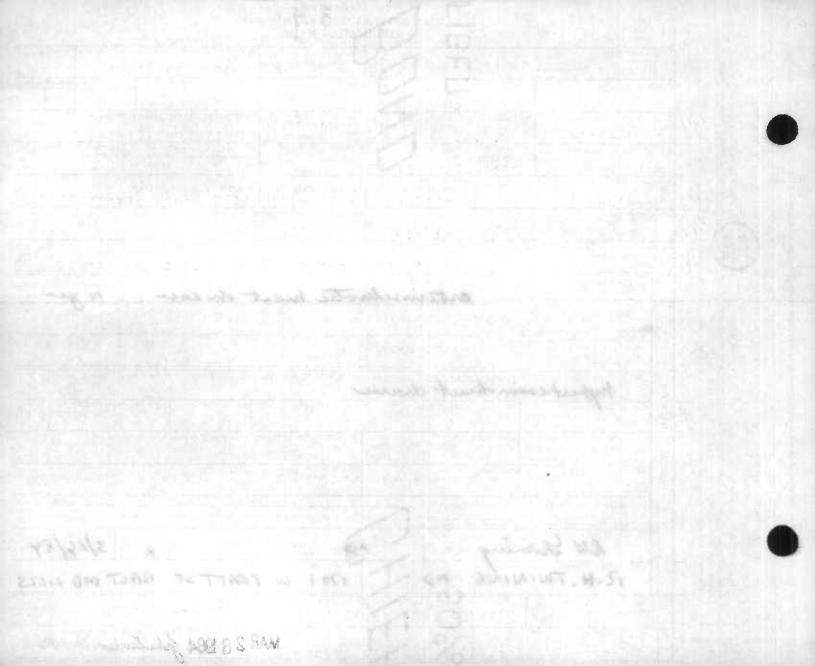
2a DATE OF DEATH



X	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	
		CEASED NAME FIRST OR PRINT)	ONIE	DISNEY	MARCH 31,1984	4 12:44A
de 4 moy	3. SE)		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol Hage		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8.  MARRIED MINEVER MARRIED WIDOWED DIVORCED	DATE TIME OF	
by the fu		TY OR TOWN OF DEATH  ALTIMORE	(IF NOT IN SUCH FACILITY, GIV	ESTREET ADDRESS) HOPKINS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
RYLAND 2120 within 24 hours 12 15 3d be sid	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	JNTY 13c. CITY O	R TOWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 308 S. NEW	21224 UKIRK ST
MARYL mplinity and 2 a		THER'S NAME FIRST	HENNING LA	BERTH	HA BIRL	SEL LAST
BALTIMORE, core be execut appen. Page 1 appen. Page 1 appen. Page 1		VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G		17. INFORMANT 38 9720 BETTY	LONG 916	
T., tiffic tiffic mopilismo		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		nonary arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S he death cer he otherwing emave corbo motion, ar re r traumatic e		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF 10505 VI	gut lung	3 days
W. P		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF CUVYSM		years
2 2 2 2 2 3	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TER		
AL RECORDS, the low required ion. has been signified in permit. There	CERTIFICATION	190. DATE OF OPERATION		VHICH OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
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VISION of PHYS of the burn of	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	CHYORTOWN	COUNTY STATE
TTENDI or to or TOR: A for use of Heol		220.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n	11-15		n death occurred on the date and hour	9, that (i) (we) last and from the causes stated
Checker Her		22b. SIGNATURE MULLON	landins	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3 31 SY
FUN PORT		STEVEN M. H		JOHNS HO	PKINS HOSPITAL	
PP		BURIAL, CREMATION, REMOVA	1 23b. DATE 4/3/84	236. NAME OF CEMETERY OR CREMATORY		COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FU	INERAL DIRECTOR  B. CONNE	LLY 30	DRESS	PR 5 1084 Julia	Pairdson Pondell

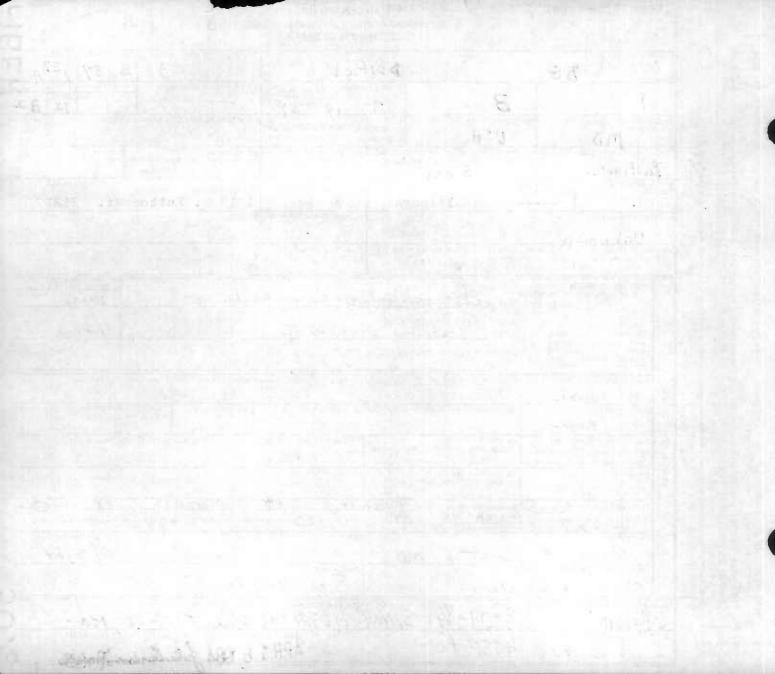
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oge 4 m Grector, p ours ofter	3. SE	F	4. RACE  76. CITIZEN OF WHAT COUN	3 3	14 84	BALTIMORE CITY O	YRS.	NIHS DAYS HOURS MIN.
		ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NU	, MARRI WIDOW		130 USUAL OCCUPATI	140.	C174 MD.
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E, MARYLAND 212C	14. F/	THER'S NAME FIRST  Unit hown-	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST
AORE, execut and co		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SE WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRI	ESS	
: # 400 e		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	nly one cause per line for (a), (b) ED BY: TE CAUSE (a) LESPICA	tory fai	lure + Circulat	my failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  12 Mo
W. PRESTOR of the death yy the offend se remove ca cremation, o		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	reme a	oremeterity			12 hra
signed then ple to burio	ATION	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	AINAL DISEASE OR CON	20b. IF YES,	WERE FINDINGS USED
TALRECT TAL law incion.	CERTIFICATION	none	1 216, TIME OF INJURY		216 HOW INJURY OCCUR	YES NO	YES	
DIVISION OF VITAL RECORDS, ENDING PHYSICIAN: The law requir of or ottending physician. R. After this certificate has been signified to see as the buriol-transit permit. Then Health and Mental Hygiene prior to b is marked at them 18 shows any injury	MEDICAL CI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH R) P.M.  21e. PLACE OF INJURY	19	211 LOCATION	CITY OR TO		COUNTY STATE
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R ATTI haspir RECTC ned for spt. of tem 21		saw the deceased live an above, (1) (we) (did (did no 22b. SIGNATURE	March 15 ot) view the body ofter death.	19 84	ond that in (my) Gurnopinion DEGREE			22c. DATE SIGNED
PITAL O by the by the ERAL D State D ANT: If		Margaret 22d PHYSICIAN'S NAME (19PEC	, ,	MD	ATTENDING PHYSICIAN {	MEDICAL STA		5/15/84
TO HOS retained TO FUN should be with the limport	23a.	Margaret K BURIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY STATE
BP DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR NAME S (A)	HOSP 1-84	D/NO	1 14 55 PT Pa	TEREC'D. BY REGISTRAN		AR'S SIGNATURE
(VRA 15, 4)		SIMAL	(100) [10]		<b>ካ</b> Γπ	1 8 1984 Fred	ta Davids	- Pordelle



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X	1 -	FOR STATE REGISTRAR		DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 6 3	1 0	
-		CEASED NAME FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
3 15		BERNAI	RD ,	F.		ONNELLY	MARCH 9	9, 1984	10:45mm
1. 1	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
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See the line of th	10. CI	Baltimore	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A hurch Hos	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST O	ON 12b. KIN	ND OF BUSINESS OR
should be	13a. S	AL RESIDENCE IF NURSING HOME C TATE 136 COU Maryland	OR OTHER INSTITUTION	130. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	13R STREET ADDRESS	ighland Av	re. 21 22/
pletely nd 2 sh nd 2 sh		THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST
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nding physician and c carbon papers. Pages , or remaval. ratic event, the medica		ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	214-12-3		Wanda Donne	lly, 804 S.	Highland	Ave. 21224
been signed by the otherdim mit. Then please remove carb prior to burial, cremation, or r ony injury, or other traumatic	MINON	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	CONDITIONS C	DR AS A CONSEQUE	NCE OF	L INFARCTIO		DITION GIVEN IN PAR	
re has been sit permit.	CERTIFICATION				OFERATIO		YES NOX	IN CERTIFYING CAU	JSES OF DEATH?
Secrificate has burial-transit per Mental Hygiene or Item 18 shows	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A	DF INJURY L.M. MONTH DA L.M.	Y YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	ZY IN ITEM 18 PART 1 OR PAR	T 2)
After this of a street of the soul of the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, S1	OF INJURY TREET FACTORY OFFICE, F.	ARM ETC )	Z11. LOCATION STREET	CITY OR TO	O COUNT	Y STATE
ECTOR: Aficial for use o		22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATU <del>0</del>	MARCE	H 9 19	FEBR 84_,	OARY ZL <sub>19</sub> 84  and that in (my) (our) apinion  DEGREE	death occurred on the de		that (I) (we) lost the couses stated
y the hospitol RAL DIRECTOR detoched for u tote Dept. of H NT: If them 21 is		Bure	A	inaci		ATTENDING PHYSICIAN	MEDICAL STAI	FF > 2	19/64
should be deto		BRUCE KI				100 NORTH	RCH HOSPI BROADWAY,		MD. 2123
P		urial, cremation, remova specify) Burial		12 1984 Di	lane	y Valley Mem. Gardens	23d, LOCATION CITY OF TOWN		re, Maryl and
16 50M 4/B2 RA 15, 4)		UNERAL DIRECTOR Lilly & Zeiler	Inc. 7	00 S. Con	kling		R 1 2 1984	256. REGISTRAR'S SIG	1.0

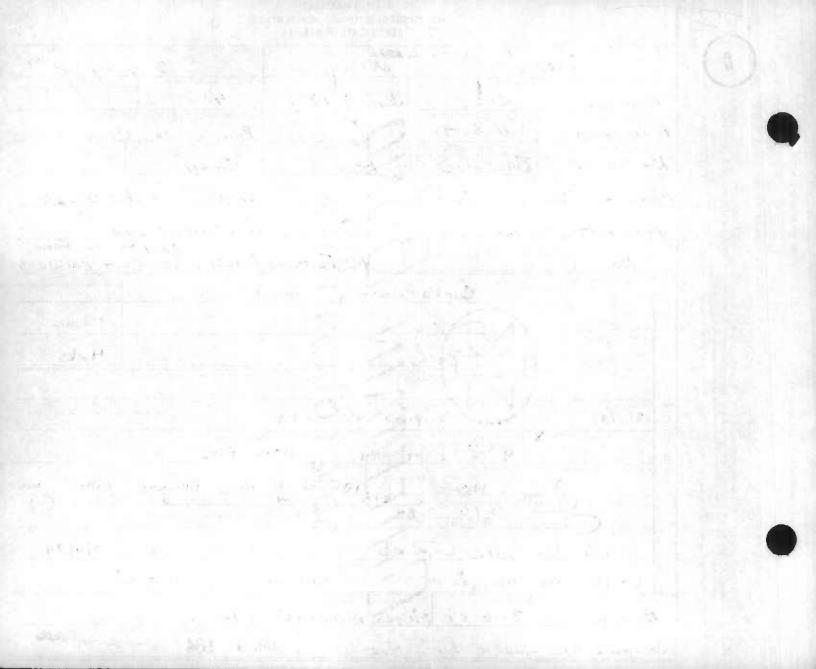
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T, 40% S. Aghamo Ave. ME	Feelda Homos	(244-51-44S)		

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

STATE OF MARYLAND

FOR

(VRA 15, 4)



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CALLES OF THE TO THE THE STATE OF 

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

STATE OF MARYLAND

2b. HOUR 4:30P

12b. KIND OF BUSINESS OR

Brown

COUNTY

Julia Davidsor

22c. DATE SIGNED

Union Mem. Hosp

21216

NO [

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DHMH - 16 50M 1/B1 (VRA 15, 4)

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. Maryland Plois		Sandier Lo	0013-10-035		.O.

2501 Grane Falls Pary. Beltimore, Ed. 21216 Ph. 1 974

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the haspital ar attending physician.

r, page 3 Her death

4 may be

executed within 24 hours after de

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STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	IE ,
CERTIFICATE OF BEATH	()

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,	3.0	-	Val.

VICTOR J. DRAGIN SR.   March 8 1984   5:15	1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. I	NO.	Q	
VICTOR J. DRAGIN SR. March 8 1984  1 RACE    S.DATE OF BRITH   June 18,			FIRST		MIDDIE	(	AST .	20 DAT	E OF DEATH	MONTH	DAY YEAR	2b. HOUR
Mele    Mite   June 18, 1911   72   725   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720   720	(TYPE	OR PRINT)	VICT	OR :	J.	DI	RAGIN SR.	Ma	rch 8	1984		5:15 P
Mele    BRITHPIACE   STATE CHICAGO   The CHIZEN OF WHAT COUNTRY	3 SE	X		4 RACE				6. AGE	LIN YEARS LAST E			
MARRIED MORCED DONCED BALTIMOTE CITY  MARRIED MORCED DONCED BALTIMOTE CITY  MODITION OF DEATH BELLIMOTE  10. CITY OR TOWN OF DEATH BELLIMOTE  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BELLIMOTE  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BELLIMOTE  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BELLIMOTE  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BELLIMOTE  11. ACCOUNTY  MELLIMOTE  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BELLIMOTE  11. ACCOUNTY  MELLIMOTE  11. ACCOUNTY  MELLIMOTE  11. ACCOUNTY  MELLIMOTE  11. ACCOUNTY  MODITION  11. NOTIFIED TOWN OF MORROOD INTO MORROOD		Mele		White		June	18, 1911		72		DATE DATE	7.00%3
Meryland  10. CITY OR TOWN OF DEATH Beltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Beltimore 12. INAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Beltimore 13. STATE 13. NOTHER STATE 14. NOTHER STATE 15. NOTHER STATE 16. COUNTY 16. NOTHER STATE 16. ON A SA CONSEQUENCE OF 16. ON THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 16. ON A SA CONSEQUENCE OF 16. ON THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 16. NOTHER STATE 16. ON THE STATE OF THE STATE 16. ON THE STATE OF THE			R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	X MENCE WARRIED (	9 BALT	IMORE CITY	OR COUNTY	OF DEATH	
Beltimore    In the control of the c	M			U.S.	Α.				altimo	re Cit	у	M
13   STATE   13   13   13   13   13   13   13   1	10 C	ITY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSIN	G HOME (		12a US	WORK FOR MOST	TION OF WORKING LIF	126. KIND C	OF BUSINESS OF
136 CAUSE OF DEATH (Enter only one couse per lime for (a), (b), offdic.)   18 CAUSE OF DEATH (Enter only one couse per lime for (a), (b), offdic.)   18 CAUSE OF DEATH (Enter only one couse per lime for (a), (b), offdic.)   19 DUE TO, OR AS A CONSEQUENCE OF (c)   OR AS A CONSEQUENCE OF (c)   OR CONSEQUENCE OF (c)	4								- G CII GC		61	ouning
March   Degin   Elizabeth   Dombrowskas	13a.	STATE			113r CITY OR TOW	N	4	? 13e.STR	O Nott	ZIP CODE	Road	21229
No   Same   Sa	14. Fz				1467		15. MOTHER'S MAIDEN	NAME	MIDDLE		14	ct
PART 1 DEATH WAS CAUSE BY   DUE TO, OR AS A CONSEQUENCE OF   DUE	) life			WIDDLE			Elizeb	eth	MIDDLE		Domprom	skas
18 CAUSE OF DEATH LEnter only one couse per line for (a), (b), or old (c)   PART I. DEATH WAS CAUSED BY:   PART I. DEATH WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF   Conditions, if only, which   Gove rise to immediate couse (a), stofting the   Underlying couse lost.   (c)   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A CONSEQUENCE OF     Due TO, OR AS A					166. SOCIAL SECU	RITY NO.						
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OR CONTRIBUTING CAUSE OF DEATH	z	gove rise to in couse (a), stat underlying cou	nmediate ling the se lost.	DUE TO, O			NOT RELATED TO THE TE	ERMINAL DI	SEASE OR CC	INDITION GIV	VEN IN PART I	(0
OR CONTRIBUTING CAUSE OF DEATH	FICATIO	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIC	ON WAS PERFORMED			IN CERTI	FYING CAUSES	S OF DEATH?
The certify that (I) this haspital attended the decemed from the course store that the decemed allerian to the decemed alleria	9 9	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	M. MONTH D		21c. HOW INJURY OCC					NO []
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ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS		sow the dece				011	nd that is (my) (our) opin	3, to				
Diena Griffiths M.D. 900 Caton Avenue, Baltimore, Md. 21229		10	MAME ITT	A.	Digh	Yhs	ATTENDING PHYSICIAN	MEDI DIREC	CAL ST	AFF SICIAN []	3/	9784
Son description of the Figure 1		Diene	Grif	fiths	M.D. YU	4	900 Caton	Avent	Ie. Ral	timore	a. Md.	21229
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	230					NAME OF (				0211102	7 1144 /	MdSTATE

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws ony injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

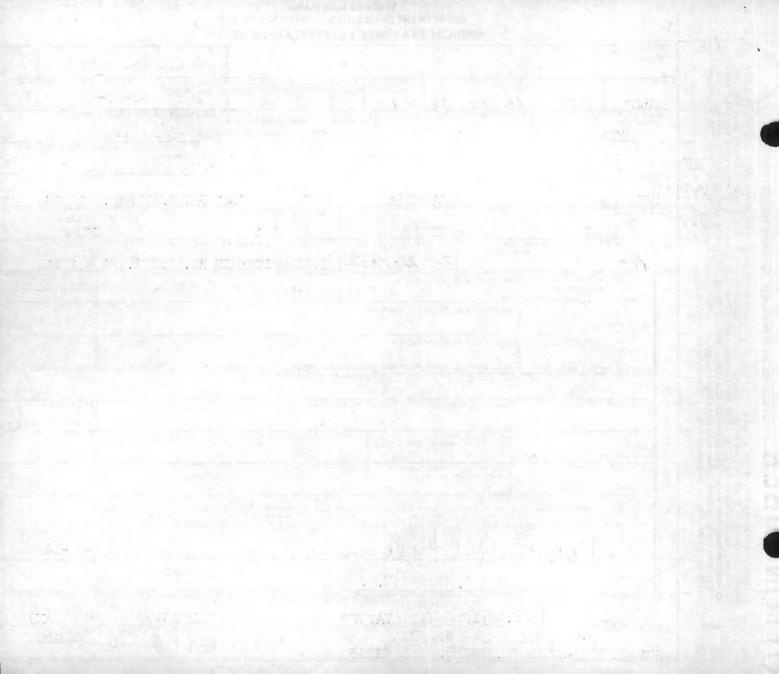
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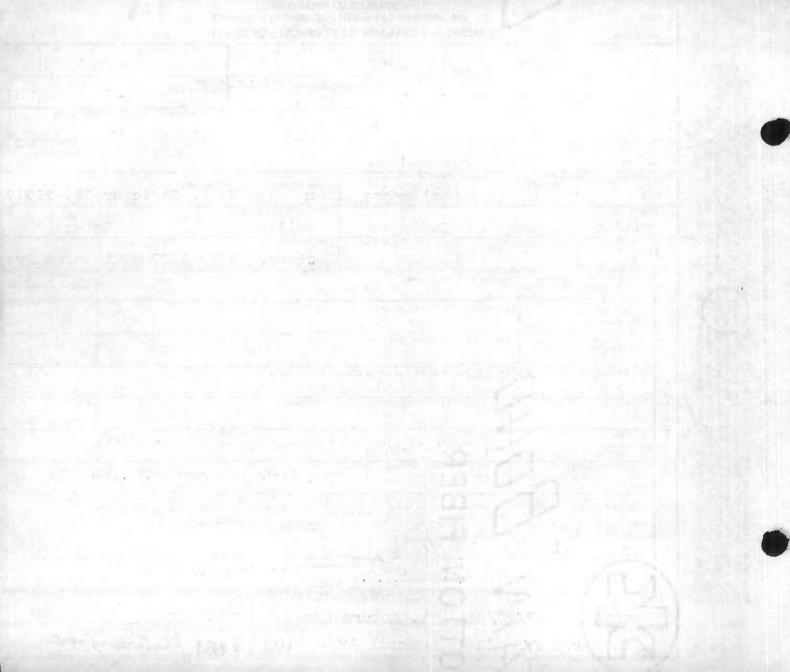
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In	1-	FOR STATE	AAE				RTIFICATE	47.0	Y11	1/		
10	1. DE	REGISTRAR CEASED NAME E OR PRINT)	FIRST	MIDDLE	EVAMIN	LA	ST		a. DATE KNOWN		DAY YEAR	26 HOUR
1848 E		li eses	SAMUEL		VIII OF	DREZ			DEATH MATED	□3-17	-84 19	N
55.55	3. SEX	4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR		DAYS HOURS		RONOUNCED	3-17		7AM
PRESTON		ALE WHIT	TE 12 19	02	8 / YR	S			DEAD BALTIMORE CIT		19	M
11/1		REIGN COUNTRY)			(IRY?		NEVER MAR	RRIED	BALTIMORE CIT	OK COOM	IT OF DEATH	
14	10 CI	MARYLAND TY OR TOWN OF DEATH	11. NAME OF HO	SA SPITAL NII	RSING HOME	OR OTHER			Baltimor AL OCCUPATION	e City	12b. KIND OF BU	ISINESS
1	1	Baltimore	15307ucF	airta	wn Aven	ue		FOR M	OST OF WORKING LIFE) PLOYEE	(TITE OF TIONA	CITY of BO	RY
7			G HOME OR OTHER INSTITUTION, O								icity of Di	Zilissia.
1)	13a S	ARYLAND	COUNTY		TIMORE		BIJ. INSIDE CITY LIMITS? YES (1) NO [	_	FAIRLA	WN AVE	. 21215	
		THER'S NAME	MIDDLE		LAST		5. MOTHER'S MAI	1000	MIDDLE	1111 1111 111	LAST	
1		MORRIS	MIDDLE	DREZO			II	)A	Middle		CRUPP	
		VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)		CIAL SECURITY		7. INFORMANT	SIDNEY	DREZON	RESS		
		No		219	-32-10	52	9312 SP	<b>ICEBUS</b>	H RD. PH	ILA., PA	1911	5
		18. CAUSE OF DEATH (E	inter only one couse per lin	e for (a), (b	), ond (c).)				a diacass		APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
			THE CHOOL OF				cardiova	scutai	uisease	2		
RIAL CREMATION, OR REMOVAL.		Conditions, if ony,	te .	R AS A CON	ISEQUENCE C	+						
SR RE		gave rise to imm couse (a) stating the	nediate (b)	PASACON	SEQUENCE O	.c						_
Ш		lying couse last.	00010,0	K AS A COL	-SEGOLIVEE O							
		PART 2 DTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH	H BUT NOT RELA	TED TO THE TERMI	VAL DISEASE O	R CONDITION GIVEN IN	PART 1 (e)				
-	NO	100	TRUTTES									
1	CERTIFICATION	19a. DATE OF OPERATIO	IPL. COND	ITION FOR	WHICH OPERA	TION WAS	S PERFORMED?				20. AUTOPSY	?
1	RTIF										YES 🗌	NOXX
2	1 CE	210 EXTERNAL CAUSE V	HOUR A.	M. MONTH	DAY YEAR	21c HOV	W INJURY OCCURI	RED (ENTERN	ATURE OF INJURY IN ITE	M 18 PART I OR PA	ART 2)	
2	MEDICAL	CONTRIBUTING CAU	121e PLACE	OF INJURY	19 (ATHOME	21f LOCA	ATION			11-0		
	ME	WHILE NOT WH	HE STREET, FA	CTORY, FARM, E		STR			CITY OR TOWN	co	YINUG	STATE
	65							N				
	Э.		k charge of the remains de			Autopsy		ion X.	Inquiry L.	and in my o	pinion	
		, death resulted fram:	Natural causes PM	Accident	LJ, Suid	ide L.,	TITLE (SPECIFY)	, Undete	rmined manner			
		ACTUAL SIGNATURE	Whole In	re yh	rell	M D	Assistar	T MEDI	CAL EXAMINER	DATE	3-17-84	
V		700	4 00	4.4					enn STre	3101VI		-
Ź		EXAMINER'S NAME (TYPE OR PRINT)	Margarita				DDRESS	IIIF	enn Sire	<del>0</del> 1		
	23a BI	JRIAL, CREMATION, REM			NAME OF CEM		CREMATORY	23d. LO	CATION	cou		ATE
	24 EI	BURIAL	MAR. 18, 19	984  0	OHEL YA	KOV	125g DAT	F PEC'D BY	BALTIMO	EGISTRAR'S	MARYLA	
	27 1	NAME SOL	LEVINSON & B	ROS.,	INC.	015	M.	R20	1084 July	a Davids	on-Randall	4
	6	010 REISTER	STOWN RD. BA	LTO.,	MD 21	215	4415		30.4			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN TO MONTH DAY (TYPE OR PRINT) DUFFY FLOYD DEATH MATED W. 24 HOUR PW: 4. 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS LAST BIRTHDAY) YEAR PRONOUNCED 3-15-84 10 45 16 38 Black DEAD Male 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA MD Baltimore City D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Lutheran Hospital OR INDUSTRY FOR MOST OF WORKING LIFFT Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 822 N. Stricker St. 21217 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MD Baltimore 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nellie William M. Duffy Baker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) N/A No Hortense Duffy 1227 N. Luzerne Ave 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stabwound of chest IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 Subject stabbed during altercation 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION 822 N. Stricker Street Balto., Maryland TREFT, FACTORY, FARM, ETC.) WHILE NOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STAFTMORE, MARYLAND. Autopsy K 22e I certify that I taok charge of the remains described above, held an Inspection and in my opinion Homicide X Natural causes Accident Undetermined manner TITLE (SPECIFY) 3-16-84 M.D. Assistant MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore MD Burial Mt. Auburn Cem. BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson-Randalle **DHMH - 17** 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5)) 20M 4/82



Poge 4 moy be

requires that the death certificate be executed within 24 hours after

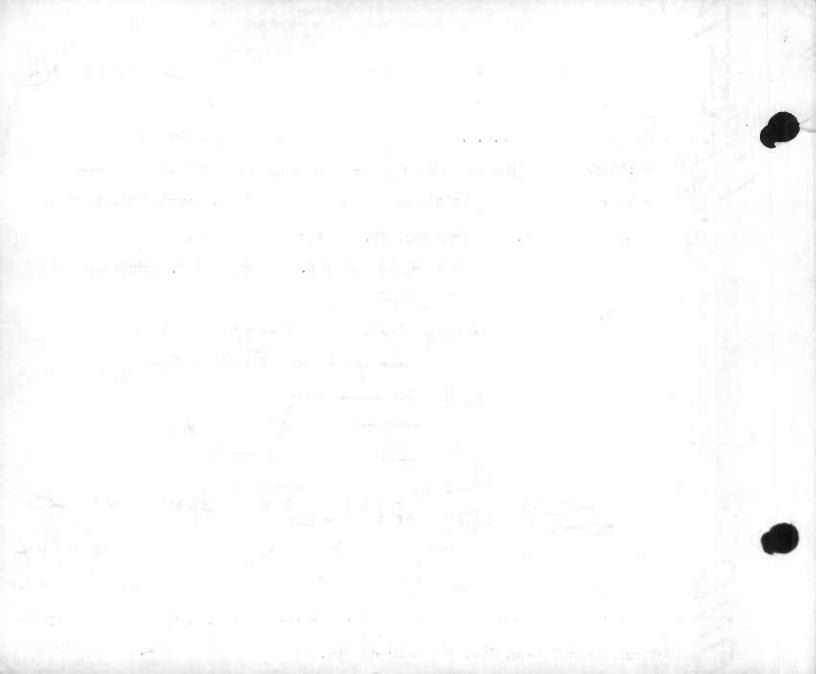
ATTENDING PHYSICIAN: The low

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR		DEPARIME	NT OF HEALTH AN CERTIFICATE O	F DEATH	REG. NO.		
	1. DECEASED NAME (TYPE OR PRINT)  RI	CHARD	JEROME	DUNKERL	Y	20. DATE OF DEATH MON	30/84	2b. HOU
)	3. SEX Male	4. RACE	hite	DATE OF BIRTH	<sup>YE</sup> 51	6. AGE (IN YEARS LAST BIRTHDA	YRS.	IF UNDER
9	70. BIRTHPLACE (STATE ORFO COUNTRY)  Maryland	U.S	.A.	MARRIED NEVE	DIVORCED 🖺	Baltimore city or constant baltimore	City	
34	Baltimore	BO I	HOSPITAL, NURSING	DURS F	VSTITUTION 105PTTA	120. USUAL OCCUPATION (JYPE OF WORK FOR MOST OF WO Chauffer	ORKING LIFE) INDUSTRY	F BUSINES
35	USUAL RESIDENCE (# NURSIN 130 STATE Maryland	IG HOME OR OTHER INSTITUTION 13b, COUNTY	134 CITY OR TOWN Baltimor	e 13d. INSID	-	317 S. Norri	s Street	21223
300	JA FATHER'S NAME FIRST John	$\overset{\scriptscriptstyleMIDDLE}{\mathbf{F}}$ .	Dunker1y	, Sr	Verna	M .	Na Na	gale
	16a WAS DECEASED EVER II (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16h SOCIAL SECURIT			ADDRESS Kerly 317 S.		212
4	gove rise to imme	- Handa						
	couse (o), storing underlying couse	the DUETO, C	- 6	ATH BUT NOT RELA	9	NAL DISEASE OR CONDITI	IL IF YES, WERE FINDIN	IGS USED
	PART 2 OTHER SIGN  The DATE OF OPERATI	FICANT CONDITIONS S  ON IN CONDITIONS S  ON 21b. TIME ON THE TOTAL STATE OF THE TOTAL STA	ONTRIBUTING TO DE-	ATH BUT NOT RELA PERATION WAS PER YEAR 21c. HOW	FORMED	76s AUTOP5Y?   28	B. IF YES, WERE FINDING CAUSES YES	IGS USED
29	PART 2 OTHER SIGN  PART 2 OTHER SIGN  11. DATE OF OPERATI	THE LOST CONDITIONS S  IN CONDITIONS S	ONTRIBUTING TO DE	PERATION WAS PER YEAR P9 211. LOCA	PFORMED VINJURY OCCURR	TOE AUTOPSY?  YES NO NOTION  ED (ENTER NATURE OF INJURY IN  CITY OR TOWN	LEFYES, WERE FINDING CAUSES YES (ITEM 18 PART 1 OR PART 2) COUNTY	IGS USED OF DEATH
	TOUSE (D.), storing underlying couse  PART 2 OTHER SIGN  THE DATE OF OPERATI  210, ACCIDENT WAS UNDED OR CONTRIBUTING COUNTY (IF ETHER, NOTIFY MEDIC.)  210, I CERTIFY THE AT WORK 220,	FILANT CONDITIONS S  REYING   21b. TIME ( HOUR A AL EXAMINER)   F  ED   21e PLACE (AT HOME, S  ET   10   10   10   ET   10   E	ONTRIBUTING TO DE	PERATION WAS PER YEAR TO Ond that institute DEGREE	ATTENDING PHYSICIAN	THE AUTOPSY?  YES NO.  CITY OR TOWN  TO 3 Separation of the date.	COUNTY  19 220 DATE:	ST.
	TOUSE (D.), storing underlying couse  PART 2 OTHER SIGN  The DATE OF OPERALI  21d, ACCIDENT WAS UNDED OR CONTRIBUTING COURT  (IF EITHER NOTIFY MEDIC.  21d INJURY OCCURRI  WHILE AT WORK 22b SIGNATURE  22d PHYSICIAN'S NA.	THE LOST  ITH CONDITIONS S  IN CONDITION	ONTRIBUTING TO DE	PERATION WAS PES  YEAR  PS  211. LOCA ond that in the	ATTENDING PHYSICIAN PESS	THE AUTOPSY?  YES NO.  CITY OR TOWN  TO 3 Separation of the date.	COUNTY  19 22c DAE:	ST.

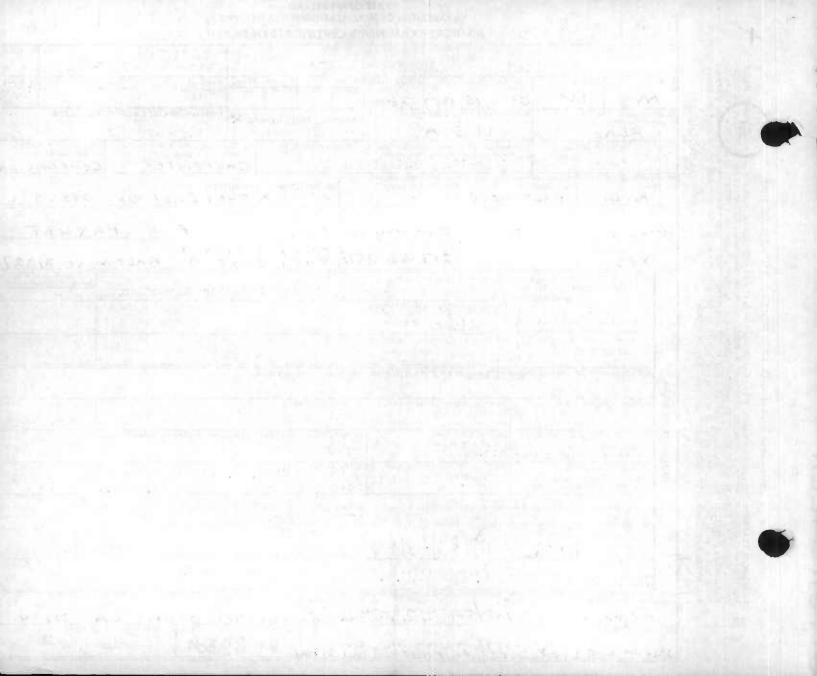
DHMH - 16 50M 4/83 (VRA 15, 4)



8	1	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 6 B	20		
~		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
( 13)	(TYP	FRANCES	MARY	DURK	DOZUK		3-22-	84	9:35 PM
( AE)	3. SE		1. RACE Thite	5. DATE (		6. AGE   IN YEARS LAST		DER I YEAR	IF UNDER 24 HRS HOURS MIN.
Pogo dire	7- 0	,	7b. CITIZEN OF WHAT COL	8	- 29-06	77	YRS.	50711	
rer death. P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore city	MORE C	14	MD.
s offer of the full filed with	10. 0	Baltimore	11. NAME OF HOSPITAL,	E STREET ADDRESS)	GENERAL ASP	120. USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEWE	OF WORKING LIFE) IN	b. KIND OF IDUSTRY	BUSINESS OR
AND 2120	USU 130	AL RESIDENCE INF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE REMOVEN	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	Balto.	M.	21230
tely 2 sh	14. F	ATHER'S NAME	MDDIE Duraczyk	TERLORY	YES NO 15. MOTHER'S MAIDEN N		PARREN	LAST	
3 3 3	4	CASMIR	Lite	<b>主力性</b>	MARY	ADD	Tomez G		49.4.0.440
ALTIMORE te be exect icion and c pers. Pages yl. the medica		NAS DECEASED EVER IN U.S. AR- YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	28-6341	Geraldine A		Pas	adena, a Ave	,//d.2112
DS, 201 W. PRESTON ST., BAI quires that the death certificate signed by the attending physic hen please remove carbonapope to burial, cremation, or removal jury, or other traumatic event, the	NO	PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CON	NSEQUENCE OF	odder will	Metao			enths.
TAL RECORDS The low requiricion. The low requiricion signification signi	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEIN CERTIFYING	RE FINDING CAUSES C	GS USED OF DEATH?
> Z S S S T W		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCUI			OR PART 2)	1.0
DING PHYSICIA or attending pi After this certif e os the buriot-ti alth and Mental marked or there	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR	rown c	OUNTY	STATE
ATTENDIN spital or s CTOR: Aft I for use as i of Health		220.1 certify that (1) this haspit saw the dereased dive on above, (1) (we) did) did not			nd that in (my/bur) pinion	to 3/1	date and haur and		not ( (we) lost
her her		above, () (we) did) did not	Malade.		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF .	3/20 3/20	
TO HOSPITAL Cretorined by the TO FUNERAL Is should be deton with the State IMPORTANT: H		C.DU	Alades	MD.	3001 S	Hanso	enst. B	alto	wi phD.
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Mar. 26, 1984	St. Star	emetery or crematory islaus (emt.	Baltinon	7		ryländ
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director Cully Funeral H	lome, 130 E.Fo	ort Ave. Bo		AR 23 1984	R 256 REGISTRAR'S	SIGNATU	andella

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/	1		REGISTRAR		ME	DICAL EXAMI	NER'S CE	RTIFICATE	OF DEATH	REG. NO	).		
			CEASED NAME	FIRST		MIDDLE	LAS	57	2a. DATI	KNOWN X	MONTH	DAY YEAR	2b. HOUR
	28382			WILLIA	Μ	STEPHEN	DI	URAND	DEAT	MATED	3-23-	84 19	M
	<b>ラ</b> 兵生支援	3. SE	4. RA	CE 5. D	ATE OF BIRTH	YEAR LAST BIRT				TE INICED	MONTH 3-23-	84 YEAR	4" 35A
	NS N	0	MI		CT. 15	1457 26	YRS.	DAYS HOURS	MIN. PRONO		5-25	19	T. 22/1
-	833		RTHPLACE (STATE OF	7b (	CITIZEN OF WH	AT COUNTRY?	B. MARRIED	□ NEVER MARE	PIED DE 9 BALT	MORE CITY O	RCOUNTY	OF DEATH	
4	185 12 O	1	FLA.	2013	И.:	S. A.	WIDOWED			ltimore	City		MD.
		III C	TY OR TOWN OF DE			PITAL, NURSING HO		INSTITUTION	12a. USUAL OCC	UPATION (TYPE		2b. KIND OF BU OR INDUST	
	APP STATE	Le	Baltimore			ty Hospita			CARPE			CONSTA	
	ACK SOL		AL RESIDENCE (IF IN N			E RESIDENCE BEFORE ADMI	SSION)	A INCIDE CITY LIMITED	13e. STREET ADD	DECC			
	A STORY	30. 5	M D.	BALTI	MORE	13c. CITY OR TOWN		YES NO E		EAST	0 %	7122	7
9	ENERGINE E	4. F.	ATHER'S NAME				15	MOTHER'S MAID			7.1		
	5 E S S S S S S S S S S S S S S S S S S	lu	ILLIAM	MID.	DLE	DURAN	0.10	TERRY		MIDDLE	PA	AQUE	7
	D N N N N N N N N N N N N N N N N N N N	150.	VAS DECEASED EVE	R IN U.S. ARMED	FORCES?	166. SOCIAL SECUP	1 mm 4 4 1 mm 1 1 7	IN IF O DAY AND IT				14 -1 -	
	S AFTEL DE GIVE PAGE PAGES I MISION OF	1	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR C	R DATES)	217-56	-2878	5467 E	EAST E	Dr BA	LTIN	DORF 2	1227
	URS AF WITH WITH T. PAC DIVISI			TH (Enter only on	e couse per line	for (a), (b), and (c).)					,_,	APPROXIMATI	INTERVAL
	THIN 24 HOUR CIL IN ITEM 18. WER ALONG WANSIT PERMIT. AL HYGIENE, D		PART I DEATH	WAS CAUSED BY:	G	nshot wou	nds (tw	o) with	injuries	to lung	and	BETWEEN ONSE	AND DEATH
	NA N		7654	MMEDIATECA	(03- (0)	XXXXXXXXXXXX							
	HIN HIN WES		Conditions, if	any, which		ver							
	NIR WIN		gave rise to couse (a) statir	ng the under-	(0)	AS A CONSEQUENC	E OF			10 H			
	ZULW. UTED W IN PEN EXAMIN EXAMIN SAL - TR O MENT	17	lying cause los	<u>t.</u>	(c)								
	AAL AAND AAND AAND AAND AAND AAND AAND A		PART 2 DTHER SIGNIFICA	INT CONDITIONS CONTR		UT NOT RELATED TO THE TO	RMINAL DISEASE OF	CONDITION GIVEN IN P.	ART 1 (a).				
	SA SE E	Z											
	S CERTIFICATE SHOULD BE EXECT RRING THE WORD SHOULD BE EXECT RRING THE WORD "FENDING" FOR SHOULD BE USED AS A BUR EDEFARMENT OF HEALTH AND TO PRORT TO BURIAL, CREMATIL	CERTIFICATION	190 DATE OF OPER	RATION	19b. CONDIT	ION FOR WHICH OP	ERATION WAS	PERFORMED?				20 AUTOPSY	?
	A SA	I SE	100									YES X	NO 🗆
	W W W W W W W W W W W W W W W W W W W	7 8	210 EXTERNAL CA		216 TIME OF	INJURY	21c.HOW	/ INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART TOR PART		
	A THE CALL		UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT	1 2:15AN	1 3-23-84, YE	AR subj	ect shot					
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	IS CI RED SE 3 201	Z		T WHILE X	hgwŷ.	ORY, FARM, ETC.)		line on		Balto	Co.	Marvla	STATE
	E TH						,						1110
	A P D D H D A P A P A P A P A P A P A P A P A P A					ribed above, held an		Homicide XX			d in my opir	nion	
	AAA RTIF REC REC RYL		deoth resulted fro	m. Natural ca	uses L.	Accident	Suicide L.		Undetermined	monner [			
	A A A S S S S S S S S S S S S S S S S S		ACTUAL	110110	- Im	29holl		Accieta	nt MEDICAL EX		DATE 7	3-23-84	
	SHEAT SEATON	F		home	0 11	0 16/-1					SIGNED		
	MACUTAL A LANGE OF THE PARTY OF	4	(TYPE OR PRINT)	Margar	ita A. K	Korell,M.D	• AD	DRESS	Penn Stre	ет			
	TO MEDICAL EXAMINER: THIS CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RECUTE HOUR RECUTED WITHIN 24 HOUR RECUTED WITHIN 24 HOUR RECUTED WITHIN 17 HE WORD "FENDING" IN PERCUL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE, DBALLING - F. MARYLAND, 21201 PROPERTOR TO BURIAL, CREMATION, OR REMOVAL.	23a.B	URIAL, CREMATION			1234 NAME OF C	EMETERY OR O	REMATORY	23d. LOCATION				
	BP	1	REMOVA		128/8	LAKE	ALLAI	C.FM.	D NEW (		COUNT		3U
		24 F	UNERAL DIRECTOR			19 10 1		25g. DATE	REC'D. BY REGIST	RAR 256 REGIS	STRAR'S SK	GNATURE	
	DHMH - 17 (VR A15 ME (5))	100	NAME CEOH 1	ANAV	2540 RESS	BIENOSHI	LOL		AR 29 198	4 Julie 1	Davidson	-Randell	
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		FOR		DEPART		OF MARYLAND	GIENE () 6	n'	, ,	
-0	1 -	STATE REGISTRAR				CATE OF DEATH				
	I. DEC	TEASED NAME FIRST		MIDDLE	L	AST	REG. N	MONTH DA	Y YEAR 21	, HOUR
		OR PRINT)						3 3	/	
1	3. SEX	GE (	1. RACE	E.	DYER IS, DATE O	SR.	6. AGE (IN YEARS LAST BE		-	172/M
	3. SE/				MONTH	DAY YEAR				OURS MIN.
10 /	10	Male		ack	7	2 03	80	YRS.		
1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	OF DEATH	
1		aryland		S.A.	WIDOWE		BALTIMO		TY	MD.
61	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	17a. USUAL OCCUPAT		17b. KIND OF B	USINESS OR
4		BALTIMORE		N MEMORIA		PITAL				
26	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
1	M	aryland		Baltim		YES NO	314 East		Street	21218
7	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
Q)		Frank	MIDDLE	Dver		Enolia	WIDDLE		Clark	
,		AS DECEASED EVER IN U.S. A		166. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	RESS	OLGIA	
I	()	es, no or unknown) (IF yes, G	IVE WAR OR DATES)	220-12	-0600	Virginia	M Draw 3	1 / 0	22 - 4 (	T-mac+
/		18 CAUSE OF DEATH (Enter of	-1			VIIgIIIIa	n. Dyel J	14 E.		TE INTERVAL ET AND DEATH
iry, or ather traumati	7	Conditions, if ony, which gove rise to immediate cause (01), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, C	OR AS A CONSEQUE	SPIRATO	SMALL BOWE	L		N IN PART 110	
n n	Į.	? CROHNS DISEASE								
2	ICA	IN CEPTICAL						WERE FINDING ING CAUSES OF	S USED DEATH?	
0	CERTIFICATION	3/30/84			CBSTRA		- 60	YES		NO 🗌
		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHS MEDICAL EXAMIN	EATH HOUR A	OF INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	TIORPARI2)	
	MEDICAL	216 INJURY OCCORRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE I	FARM, EN )	211 LOCATION STREET	CITY OR TO	own	COUNTY	STATE
		220.1 certify that (this has sow the deceased alive a above, (1) (we) (did) (did	n 3/3	19	84,00	d that in (my) ( <del>vor.)</del> opinion	death accurred on the c	date and hour o		t (N) (m) lost
		276. SIGNATURE	Valle	en			MEDICAL STA	AFF CIAN	3/3/	
		PETER W	OR PRINT ALUCK	MD		201 E UNI	1. PARKWAY	BALTI	MORE, M	BISIS O
		URIAL, CREMATION, REMOVA	23b. DATE 4/6/			ional Mem	Ph Laurel	,	COUNTY	id. STATE
33		NERAL DIRECTOR	2 1	ADDesse	4	25a. DA	TE REC'D. BY REGISTR	756 REDISTR	AR'S SIGNATUR	
	William	C March E/I	ITnc	1101 1	Morth	AVADUAPR	100/	Ha Welld	ron-Randa	0.0

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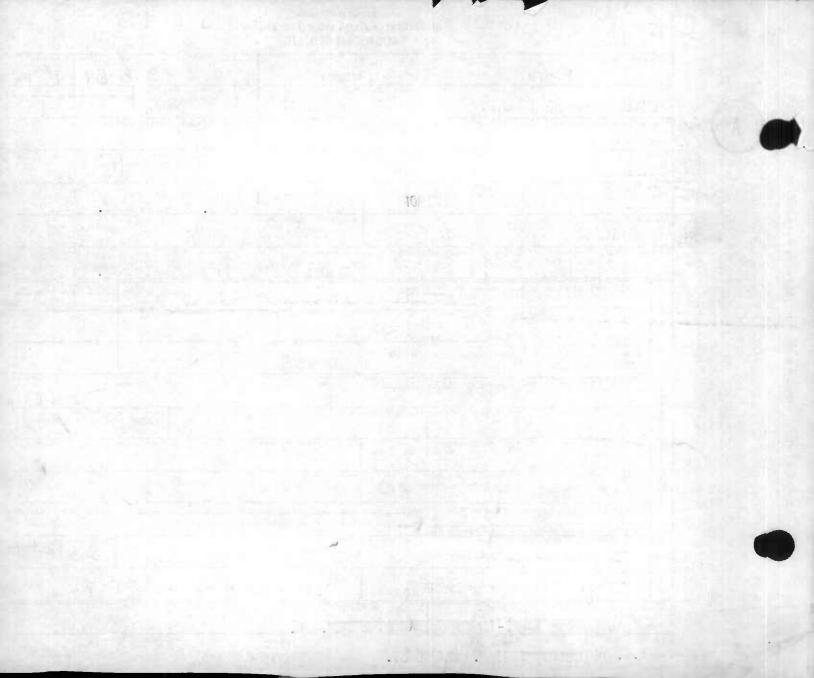
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DHMH-'16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 6

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Flora -50 03 500 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR 1 MONTH 4 DAY 1937 BLACK 53 FFMAIF TO BIRTHPLACE ESTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ALABAMA 115 WIDOWED DIVORCEDXIX CITY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) I THERAN HOSPITATS INDUSTRY BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE MARYLAND 919 N. AUGUSTA AVE. YESXX NO [ 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE TSSAC CAESAR IDARST MAT CARTER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 2400 CUB HILL RD. SAMUEL CAESAR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which COP gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO I 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive an above, (I) (we) (did) (did not) view the body after death. \_\_, and that in (my) (aur) apinian death accurred on the date and have and from the causes stated 226 SIGNATURE . DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS LAMERAN HOSPITAL 230 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION CITY OF TOWN BURTAL 3-13/84 ARBUTUS MEM. BALTIMORE MARVIAND 24 FUNERAL DIRECTOR 250 DATE RECED. BY REGISTRAR 256 REGISTRAR'S SIGNATURE E.L. PHILLIPS 1721 N. MONROF ST. Mia Davidson-Randell



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGIE	ENE U 6 B	2 4	
		CEASED NAME OR PRINT!	ROGER IS DATE	Dyson	MARLA  AGE (IN YEARS LAST BIRTHDA	19, 1984	26 HOUR S: 36 A. M
	70 Bil	MALE RTHPLACE (STATE OR FOREIGN 7b)	White Fell	, 2ª, 1898	86 BALTIMORE CITY OR C	YRS. DAYS	HOURS MIN.
1		Md.	U. S.A. MARRIE	D NEVER MARRIED	BAltim	ore City	MD.
	10. CI	BAltimore 1).	NAME OF HOSPITAL, NURSING HOME CO	or other institution	TO USUAL OCCUPATION  (TYPE ON WORK FOR MOST OF WO		inchause
>	13a 5	THER'S NAME	134 CITY OR TOWN	YES NO	3e. STREET ADDRESS	Main St	0
		John 1	P. Dyson	15. MOTHER'S MAIDEN NAME	ARET MIDDLE	MURR	
1	16g W	VAS DECEASED EVER IN U.S. ARMEI (IF YES, GIVE W/		Ethel Dyso	n Union	Bridge,	Md.
	NOI	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CON		NOT RELATED TO THE TERMIN	JAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0	
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20 IN	b. IF YES, WERE FINDIN CERTIFYING CAUSES ( YES [	GS USED OF DEATH? NO
	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
	WED	214 INJURY OCCURRED	FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		224. I certify that if this hopings saw the deceased singless obgats, (i) (we) (fed) strategy at 274. SIGNATURE	The body after death. 19	nd that in (my) (our) apinion de DEGREE	, to	and hour and from the c	hor (I) (we) lost ouses states
		Duis E. Rivera,	M.D.	54 Scott Adam	Rd Cockeys		21030
	X	VEIAL CHEMATION, REMOVAL 2	3-21-84 Europi	EMETERY OF CREMATORY	Turkobar	Carroll	Md.
1	7	fairy W. Haisi	et Sykisielle!	Md. MAF	R 20 1984	Day don-	sindell

DHMH - 16 50M 1/81 (VRA 15, 4)

John Kones Dyears Threeh 13 1984 Son & TOPIC STATE OF LA STATE STATE Ad The State of Entenne Car Battemore Relais Nurses Heard Disposalst Libraryhade Med Connett Cover Bute x 29 N Plant St. John R. Myseny Mexent Musery No - Done Estel Oring Union France Police アンプライ アロン かいっかい フィー Fried 3-21-54 Evenue mit Finkery Tank Mid He could be the first the work